Ambulatory Care Delivery Strategy:
The Key to Successful Population Health Management

Christopher T. Olivia, MD, President
Michael Renzi, DO, Chief Medical Officer

March 18, 2014

Transforming the Practice of Medicine
AN AMBULATORY CARE SERVICES COMPANY

© 2014, Continuum Health Alliance, LLC, All Rights Reserved and CONTINUUM HEALTH ALLIANCE, LLC is a trademark of Continuum Health Alliance, LLC

Introduction

- Healthcare landscape
  - Five national secular trends
  - Impact on providers & patients
- Population health program addresses national trends
- Ambulatory care strategy delivers population health management

Five National Healthcare Secular Trends

- Increasing health services demand
- Looming shortage of providers
- Decreasing healthcare payment resources
- Shift of payment responsibility to consumer
- Advanced healthcare information technology

Increasing Health Services Demand

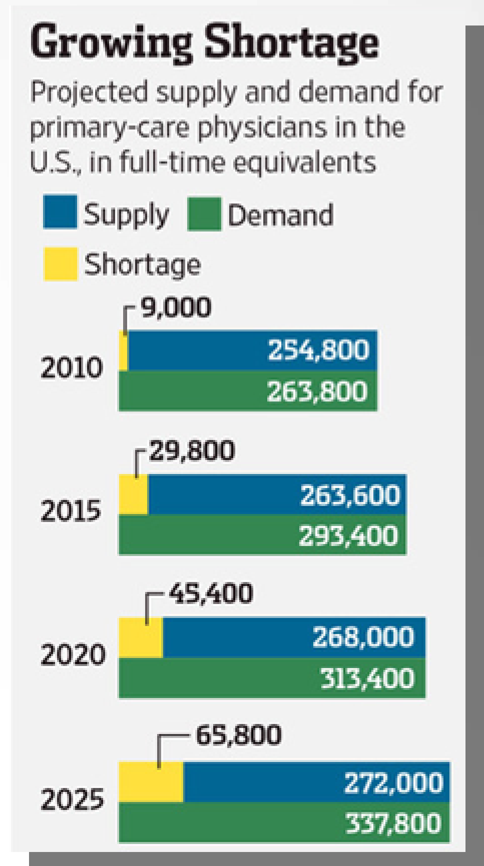
- Rise of aging adults 65+ = 12% of population, but account for:
  - 35 % of hospital stays
  - 34 % of prescriptions
  - 38 % of emergency med responses

- Rise of obesity:
  - More than one-third of U.S. adults are obese
  - Obesity-related conditions cost U.S. **$147 billion** annually

(Source: CDC)

Looming Shortage of Providers

- PCP salaries lag behind other specialties
  (WSJ, 11/14/13)
- Nearly half the nation's 830,000 physicians are over age 50; seeing fewer patients than four years ago
  (*Physicians Foundation 2012 survey)*
- Your business plan should be geared toward a goal of 100% increase in PCP panel size: 2,000 to 4,000



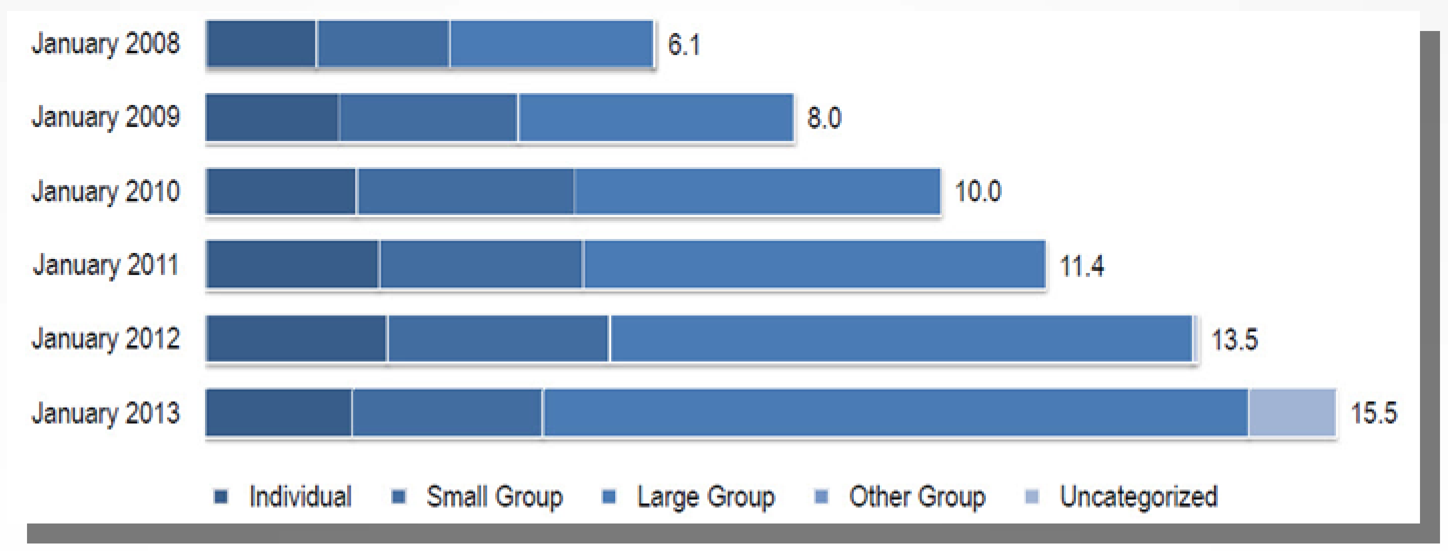
WSJ 11/14/13, Association of American Medical Colleges

Decreasing Healthcare Payment Resources

- Shifts in Government, Commercial, Private Industry:
  - Medicare and Medicaid
  - Commercial Payors
  - Fixed Contributions from Employers

Shift of Payment Responsibility/Rise of HDHP's

Growth of HSA Qualified High-Deductible Health Plan Enrollment, Covered Lives (millions), January 2008 to January 2013



Source: AHIP, Center for Policy & Research 2005-2013 HAS/HDHP Census Reports

Shifting Payments to Consumers: The Rise of High Deductible, Narrow Network Plans

Number of Lives Covered by HSA-Qualified High-Deductible Health Plans, by State, January 2013

Below 40,000
40,000 to 139,999
140,000 to 269,999
270,000 and Above

Source: AHIP Center for Policy and Research.

Trend Continues on Public Exchanges

- National Average Deductible Amount

	Individual	Family
Bronze	$5,081	$10,386
Silver	$2,907	$6,078
Gold	$1,277	$2,846
Platinum	$347	$698

Averages based on government data for qualified health plans sold on exchanges in 34 states (Source: HealthPocket, Inc. InfoStat, 2014)

Burden Also Shifting on Private Exchanges

THE WALL STREET JOURNAL.

September 7, 2013

IBM to Move Retirees Off Health Plan

Big Blue's Health-Exchange Move Ends Once-Common Benefit

September 18, 2013

Walgreen to Shift Health Plan for 160,000 Workers

Drugstore Chain's Move Underscores Shifting Burden on Insurance

November 13, 2013

Companies Prepare to Pass More Health Costs to Workers

Firms Brace for Influx of Participants in Insurance Plans Who Had Earlier Opted Out

All Leading to the Rise of "Bad Debt"

- National Business Group on Health: high-deductible health plans are key factor driving bad debt
- According to MGMA, 60% of physicians report "collecting from self-pay, HDHP or HSA patients was extremely challenging"

"Hospitals tell us around a quarter of bad debt comes from patients who are actually insured."

- Caroline Steinberg, AHA's Vice President of Health Trends Analysis

Advanced Healthcare Information Technology

- Application of evidence-based medicine
- Integration of genomics and proteomics

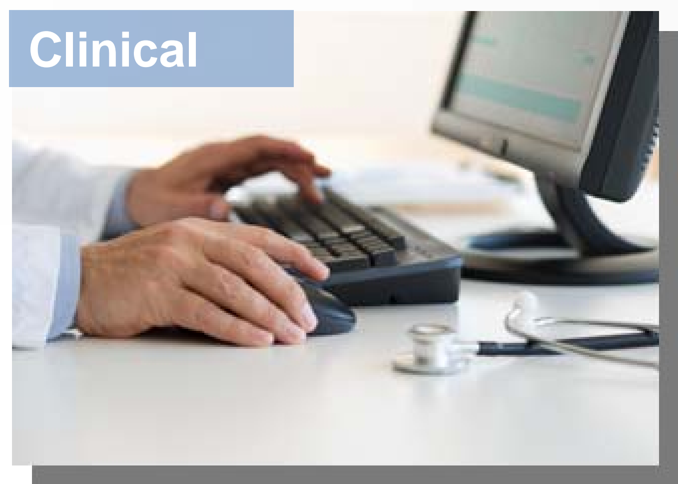
(Source: Healthcare IT News, 1/14)

What is Required to Address These Trends?

A Radical Disruption in the Status Quo

Prerequisites for Success: New Ambulatory Care Strategy

- Begins with the business side of medical practice:
  - Practice Management Services
  - Robust RCM Product
  - Meaningfully-Structured EHR



Harnessing the Positive Forces of Disruption

- You must have an ambulatory care clinical strategy which addresses:
  1. Payment Modality
  2. Provider Structure
  3. Patient Enablement
  4. Practice Transformation
  5. Integrated, Meaningful Technology

...Let's take a look at each

Ambulatory Care Delivery Strategy: Payment Modality

- Value-Based Payment Program:
  - Value-based reimbursement model (including self-insured providers)
  - Partnership between payor and provider
  - Payor Investment ($PMPM)
  - Provider utilizes investment to embrace value transformation

Ambulatory Care Delivery Strategy: Provider Structure

- Clinically Integrated Network (CIN):
  - Disruptive physician integration; not just "affiliated" or "employed"
  - Value-based culture & provider compensation model
  - A methodology to drive costs down (e.g. aligned hospitalists)
    - The "in-patient" arm of your ambulatory care strategy
    - Focused patient-centered transitions of care

Ambulatory Care Delivery Strategy: Patient Enablement

- The **enabled patient** becomes an “engaged consumer,” demanding:
  - Price Transparency
    - Real-Time POS Patient Responsibility
  - Connectivity
    - Patients know how to access your care and it’s available “today”
    - Priority scheduling for acute issues
    - Instant communication with provider team
  - Convenience
  - Electronic access to understandable personal health data

JOURNAL REPORT

HEALTH CARE

How to Bring the Price Of Health Care Into the Open

There's a major effort under way to make sure patients know what they'll have to pay—before they make any decisions about treatment. Some people think it will make all the difference.

All Over the Map

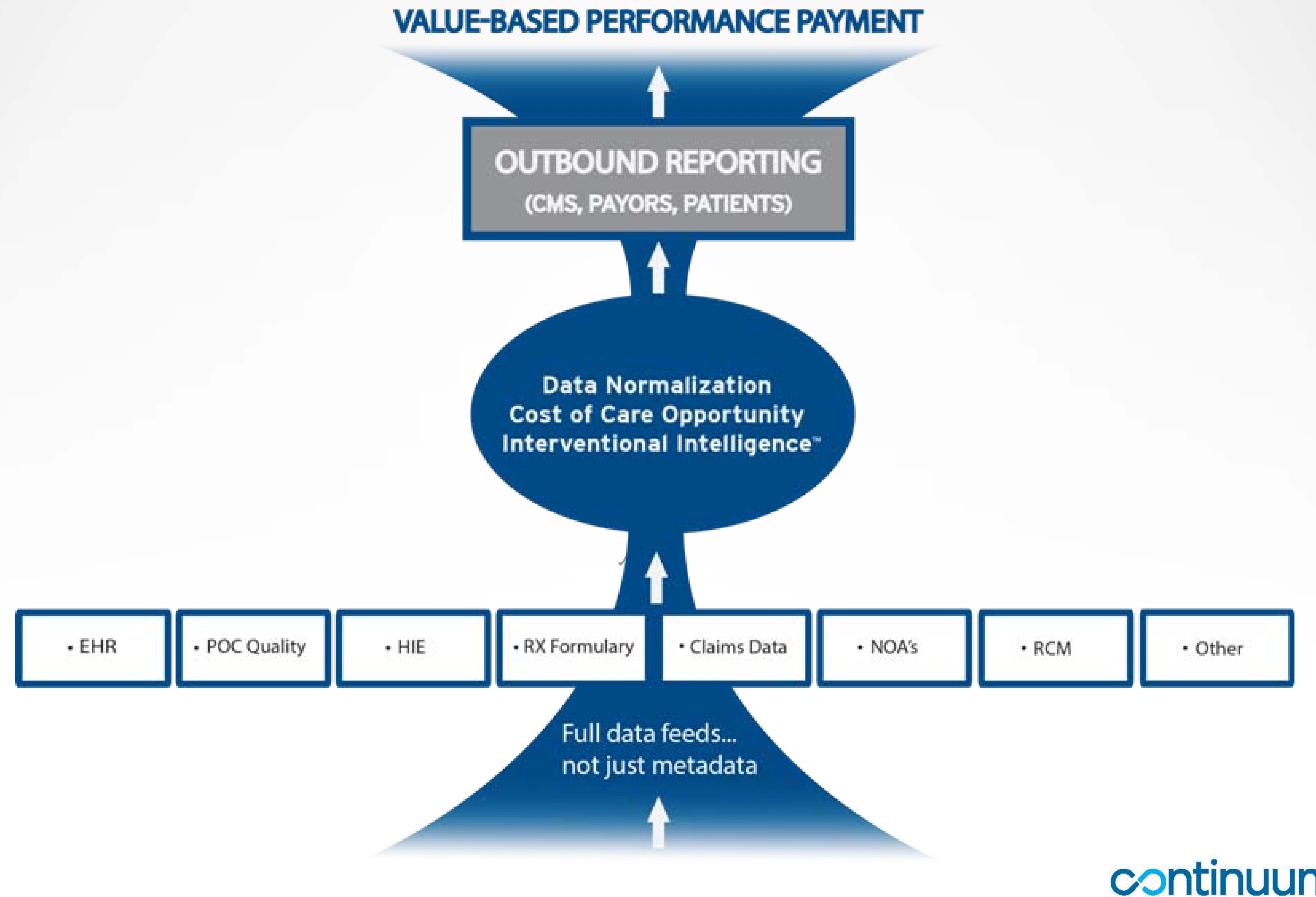
Ambulatory Care Delivery Strategy: Practice Transformation

- The **provider** must transform ambulatory delivery of care:
  - Expanded patient access to providers (4,000:1)
  - Disease-Specific, Evidence-Based Point-of-Care (POC) Quality
  - Medical team working at "top of credentials"
  - Ambulatory-centric care coordination
  - A *REAL* Medical Home
  - Ease of transaction at POS

Ambulatory Care Delivery Strategy: Imperative Technology

- Integrated Platform
- MU to Meaningfully-Structured EHR
- Evidence-Based Quality at POC
- Attribution Management & Risk Profiling
- Interventional Intelligence
- Scalable, Centralized Care Coordination
  - Disease-specific (CHF, COPD/Asthma, CKD)
- Living Care Plans (accessible to all team members)
- Provider Quality Report Cards

Technology: Integrated Platform



Technology: Integrated Platform Dashboard

Performance Breakdown

ER Arrival to Triage Time

Performance Breakdown

PQRS154: Falls - Risk Assessment

Rolling 4 Period Performance Trends

Measure	Quarter 2012Q1 % of Tgt	2012Q2 % of Tgt	2012Q3 % of Tgt	2012Q4 % of Tgt
ACO03: Patient Rating of Doctor	81.6%	80.9%	81.6%	79.9%
ACO08: Care Coord. All Condition Readmission	100.6%	100.6%	100.2%	99.0%
ACO31 At Risk Pop. HF Beta-Blocker Therapy - LVSD	88.7%	88.2%	88.9%	88.3%
Average Length of Stay	77.1%	73.0%	72.9%	75.3%
Central Line Associated Infection	110.4%	117.1%	112.7%	99.3%
Daily Census	97.6%	97.1%	97.3%	97.6%
ER Arrival to Triage Time	30.0%	31.2%	32.7%	30.3%
Labor and Supply Costs	73.1%	74.3%	74.3%	73.6%
MU003 Transmit prescriptions electronically (eRx)	88.2%	87.4%	87.8%	87.7%
Operating Margin	87.8%	87.5%	88.3%	86.8%
Operating cash flow	76.7%	100.0%	56.7%	96.3%
PQRS001: Control of Hemoglobin A1c in Diabetes	85.9%	87.7%	87.9%	87.1%
PQRS002: Control of LDL-C in Diabetes Mellitus	95.1%	96.6%	95.4%	97.2%
PQRS003: High BP Control in Diabetes Mellitus	105.0%	105.5%	110.6%	106.3%
PQRS00	99.8%	99.0%	99.5%	99.4%
PQRS15	99.2%	99.0%	99.4%	99.2%
Turnove	95.8%	73.1%	87.3%	112.4%

Operational Report...
Measure Breakout
Graph: Performance Trend
Graph: Actual vs Target Relationship
Graph: % Reached Histogram
Graph: Performance Trend (Predictive)
Input Measure values...
Aligned Tasks
Alert when...
Related Properties...
Measure Properties

Performance Over Time

Average Open Appointments

Performance Over Time

Daily Census

Real-Time Clinical and Business Intelligence in "one view"

Technology: MU to Meaningfully-Structured EHR

Disparate Data Enters EHR

Value-Based EHR Captures Real-Time Meaningful Information

Technology: Evidence-Based Quality at POC (Patient)

Day 1

Home: (856)782-3300 Work: None
Insurance: SELF PAY (1) Group:

Find Pt. | Protocols | Graph | Handouts | Probs | Meds | Refills | Allergies | Directives | Flowsheet | Orders | End Update

Summary | History | Problems | Medications | Alerts/Flags | Flowsheet | Orders | Documents | Update

Doc ID: 20 Properties: Pre Visit Prep at PCMHPCC on 02/21/2014 3:42 PM by Kimberly Deichert Alerts(0)/Flags(0)

Summary: Pre-Visit Prep Drug interactions Attach... Properties...

Inserted
- CareManager Control Panel
- Prob-Meds-Allergies-CCC
- Preventive Care Screening2-CCC
- Clinical Review Form
- Process Lab Orders

Attachments

Favorites
- Blank image
- CareManager Control Panel
- Coumadin Note
- Entry-CCC
- Tracking Form

[CareManager Control Panel]
[Prob-Meds-Allergies-CCC]
[Preventive Care Screening2-CCC]
[Clinical Review Form]
[Process Lab Orders]

Pre-Visit Preparations

<no value>
<no value>
<no value>
<no value>
<no value>

CareManager Control Panel: QUESTPATTEN ZZTEST

PS-DM-CHD-HF | Airway-Stroke-Osteo

CareManager Control Panel Version 4.0.1 (October 2013)

Multiple Providers | PROBLEMS | MEDICATIONS | ORDERS | ALLERGIES

Preventive Services

Cancer Screening	Colorectal	Breast	Cervical					CA Dashboard
Other Screening	Chol	DM	Tob	BMI: DUE	Osteo	Depr: DUE		PS Dashboard / Tobacco Screen
Immunizations *Contraindication	Flu: DUE?	TDAP: DUE	Pneu	Zost*	HPV	MGC	MMR* / Var* / HepA / HepB: DUE	
Diabetes Mgmt	LDL: DUE	Statins	BP: H	A1c: DUE	Urn Alb: DUE	Eye: DUE	Foot: DUE	Diab Dashboard
CHD/CHD Risk Mgmt	LDL: DUE	Statins	BP: H	A1c: DUE	APT	Beta	ACE	CHD Dashboard
Heart Failure Mgmt	Not Applicable							

If red, a module on 'Airway-Stroke-Osteo' tab requires attention: AW-Stroke-Ost | De-Identify

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

Evidence-Based NCQA HEDIS Metrics

Technology: Evidence-Based Quality at POC (Patient)

Day 90

Home: (856)784-1237 Work: None
Insurance: MEDICARE (700) Group:

Find Pt. | Protocols | Graph | Handouts | Probs | Meds | Refills | Allergies | Directives | Flowsheet | Orders | End Update

Summary | History | Problems | Medications | Alerts/Flags | Flowsheet | Orders | Documents | Update

Doc ID: 160 Properties: Pre Visit Prep at PCMHPCC on 02/26/2014 10:47 AM by Kimberly Deichert Alerts(0)/Flags(0)

Summary: Pre-Visit Prep Drug interactions Attach... Properties...

Inserted
- CareManager Control Panel
- Prob-Meds-Allergies-CCC
- Preventive Care Screening2-CCC
- Clinical Review Form
- Process Lab Orders

Attachments

Favorites
- Blank image
- CareManager Control Panel
- Coumadin Note
- Entry-CCC
- Tracking Form

[CareManager Control Panel]

Allergies:
No Known Drug Allergies

[Preventive Care Screening2-CCC]

[Clinical Review Form]

[Process Lab Orders]

Pre-Visit Preparations

<no value>
<no value>
<no value>
<no value>
<no value>

CareManager Control Panel: CAROL ZZTEST

PS-DM-CHD-HF | Airway-Stroke-Osteo

CareManager Control Panel Version 4.0.1 (October 2013)

Multiple Providers | PROBLEMS | MEDICATIONS | ORDERS | ALLERGIES

Preventive Services

Cancer Screening: Colorectal (COL Due: 06/01/2016) | Breast (Due: 12/04/2014) | Cervical (Due: 06/02/2014) | CA Dashboard

Other Screening: Chol | DM | Tob | BMI | Osteo | Depr | PS Dashboard | Tobacco Screen

Immunizations: Flu | TDAP | Pneu | Zost* | HPV | MGC | MMR* | Var* | HepA | HepB (DUE)

Diabetes Mgmt: LDL (Y) | Statins | BP (N) | A1c | Urn Alb | Eye | Foot | Diab Dashboard

CHD/CHD Risk Mgmt: LDL (Y) | Statins | BP (N) | A1c | APT | Beta | ACE | CHD Dashboard

Heart Failure Mgmt: Not Applicable

If red, a module on 'Airway-Stroke-Osteo' tab requires attention: | AW-Stroke-Ost | De-Identify

Prev Form (Ctrl+PgUp) | Next Form (Ctrl+PgDn) | Close

Evidence-Based NCQA HEDIS Metrics

Technology: Evidenced-Based Quality at POC (Practice)

Day 1

continuum HEALTH ALLIANCE

CareManager

Airway Disease Module v4.0.0.77

LogOut

Performance Feedback | Identification | Treatment Asthma | Treatment COPD | Services Due | Resources | Help | Main

EHR Last Queried: 2/21/2014 **Clinic:** EHR

Patients	Age	Dx	Severity[1]	Asthma Control	Assessment Due	Controller Med[2]	Action Plan	Tobacco Status	Last Appt	Next Appt	PCP	Select
	54	Asthma							04/25/13		Hickey MD, J.	
	19	Asthma	Intermittent	Well 4/16/2013	04/16/14		04/16/13		11/12/13		Peters PA-C, K.	
	58	Asthma							12/30/13		Warner APN, P.	
	13	Asthma	Persistent	Well 9/20/2013	09/20/14	ICS	09/23/13		10/15/13		Clark MSN CRNP, B.	
	16	Asthma	Intermittent	Well 2/14/2012	08/12/14		08/12/13		11/11/13		Kenney DO, M.	
	36	Asthma	Persistent	Well 3/19/2013	03/19/14	Alt Only	03/19/13		06/10/13		Peters PA-C, K.	
	54	Asthma							04/24/13		Rugelski MD, D.	
	55	Asthma	Intermittent	Well 6/18/2013	07/30/14		07/30/13		06/18/13	Other	Furey DO, W.	
	4	Asthma									Holmes Bricker DO, M.	
	52	Asthma	Persistent			ICS			11/21/12		Fean NPC, H.	
	1	Asthma							04/24/13		Mirmanesh MD, S.	
	46	Asthma	Persistent			ICS			04/23/12		Varevice McAndrew DO, S.	

First Prev Next Last Page 1 of 11 N = 10607

1 Intermittent severity equals "Well" controlled and not on any Controller medications; Persistent severity equals "Not Well" or "Very Poorly" controlled or on a Controller medication

2 ICS preferred. Alternative (Alt) meds include theophylline, cromolyn, leukotriene receptor antagonist; nedocromil; zileuton; omalizumab

Disclaimer: The source of the information provided above comes directly from your patient's electronic health record. The purpose of this information is to support and facilitate medical decision making. It is not intended to be a substitute for a health care provider's professional judgment.

Technology: Evidenced-Based Quality at POC (Practice)

Day 90

continuum HEALTH ALLIANCE

CareManager

Airway Disease Module

LogOut

Performance Feedback	Identification	Treatment Asthma	Treatment COPD	Services Due	Resources	Help	Main

EMR Last Queried: 2/26/2014 **Clinic:** EMR

Applied filter=(Assessment Due Status='Green')

Patients	Age	Dx	Severity[1]	Asthma Control	Assessment Due	Controller Med[2]	Action Plan	Tobacco Status	Last Appt	Next Appt	PCP			Select
	35	Asthma	Persistent	Not Well 1/27/2014	[illegible]	ICS	[illegible]		08/13/13	Other	Peters PA-C, K.			
	33	Asthma	Intermittent	Well [illegible]	[illegible]		[illegible]		02/27/13		Levin MD, S.			
	66	Asthma	Persistent	Well [illegible]	[illegible]	ICS	[illegible]		08/23/13		Levin MD, S.			
	71	Asthma	Persistent	Well [illegible]	[illegible]	ICS			10/11/13		Levin MD, S.			
	53	Asthma	Persistent	Well [illegible]	[illegible]	ICS	[illegible]		01/20/14	07/21/14	Hollon MD, J.			
	18	Asthma	Intermittent	Well [illegible]	[illegible]				02/06/13		Levin MD, S.			
	42	Asthma	Persistent	Well [illegible]	[illegible]	Alt Only	[illegible]		08/13/13	03/24/14	Levin MD, J.			
	13	Asthma	Persistent	Well [illegible]	[illegible]	Alt Only	[illegible]		11/15/13		Higgins PA-C, P.			
	43	Asthma	Persistent	Well [illegible]	[illegible]	Alt Only	[illegible]		09/07/13		Sonich MSN APN, M.			
	49	Asthma	Persistent	Well [illegible]	[illegible]	ICS			11/19/12		Kerney DO, M.			
	32	Asthma	Persistent	Well [illegible]	[illegible]	ICS	[illegible]		02/06/14	02/27/14	Schachter DO, T.			

First Prev Next Last Page 1 of 2 N = 1922

1 Intermittent severity equals "Well" controlled and not on any Controller medications; Persistent severity equals "Not Well" or "Very Poorly" controlled or on a Controller medication

2 ICS preferred. Alternative (Alt) meds include theophylline, cromolyn, leukotriene receptor antagonist; nedocromil; zileuton; omalizumab

Disclaimer: The source of the information provided above comes directly from your patient's electronic health record. The purpose of this information is to support and facilitate medical decision making. It is not intended to be a substitute for a health care provider's professional judgement.

Technology: Attribution Management & Risk Profiling

Risk Profile

Attributed Patients

Opportunity Assessment

Operationalize

ER Frequent Flyer (+2 visits/yr)

Risk Score

Post Hospitalization

Attributed Patients

Hot Spotting

End-of-Life

Medication Non-adherence

With Limited Resources

Technology: Predictive Analytics & Data Intelligence

Claims | Hospital ADT Feeds | Real Time Attribution | Provider Input | Prospective POC | NOA | ETC.

PREDICTIVE ANALYTICS

REAL OR POTENTIAL PATIENT EVENTS

Interventional Intelligence™

OPERATIONALIZE

VALUE-BASED REPORTING

- Progress from patient events to Value-Based Operations
  - Care Management Potential Targets
  - **Interventional Intelligence™**
  - Value-Based Reporting
  - Reporting to Payors
  - Population Outcome Metrics
  - Progress to Spend/Quality Goals
  - Provider Performance

Technology: Scalable, Centralized Care Coordination

Technology: Living Care Plans (Patient)

Goals 1-3 | Goals 4-6

Self Management Goals

Care Coord

Risk Profile

Self Management

Self Management:

Goals

Print Handout

Handout Printed

GOAL #1 — Add to Handout — << PREV

Description:

Associated Dx:

Action Plan

Self Management Tools:

Educational Resources:

Comm Resource Referral:

Follow-up Date:

Status

Patient Confidence Level:

Frequency Met:

Patient Readiness:

Barriers:

GOAL #2 — Add to Handout — << PREV

Description:

Technology: Living Care Plans (Patient Enablement)

Patient Communication

Message Type: DM_CHD Scorecard Only
Summary: DM-DM_CHD Scorecard
Summary 2:
Printer: Testpdf
Letter Head: Email addresses for Centricity docum

Message Preview

Dear JOAN FRANK,

As your doctor, it is my job to make sure you get the best medical care for your diabetes. I want us to work together to get your diabetes in good control so you can live a long and healthy life. Here is information about your health related to your diabetes. Based on this information, I have added things for you to do (action steps) to help us work together.

Important Exams, Tests & Shots	What is my goal?	How am I doing?	What do I do now?
LDL Cholesterol (Co-less-ter-all)	Below 100	145 7/15/2013	Follow our plan
Blood Pressure	Below 130/80	130/90 8/18/2013	Follow our plan
Hemoglobin A1C (He-mow-glow-bin A-one-see)	8 or above is Very High 7-8 is High Under 7 is Good	6.7 7/15/2013	Good job Continue to follow our plan
Microalbumin (My-crow-alb-you-min)	Test at least one time every 12 months		Test Due
Flu Shot	One time each year during flu season		Due for flu shot
Eye Exam	Check as directed by eye doctor	3/6/2013	Be sure to have regular eye exams
Foot Exam	Check at least one time every 12 months	4/16/2013	Be sure to have one a year

Green means you are at your goal. Keep up the good work.
Yellow means you are close to your goal. See Action Steps on next page.
Red means we have some work to do to get to your goal. See Action Steps on next page.

JOAN FRANK
The information in the table on the first page is based on information we have in your electronic medical record. If you see any information above that is incorrect, please contact my health care team to update your record.

Your Action Steps are:

- **Please bring this information with you to your next appointment.**

From Structure to Action

Payment Modality

Provider Structure

Enabled Patient as Consumer

Integrated Technology Platform

DRIVE PRACTICE TRANSFORMATION

Driving Practice Transformation

- Document and demonstrate Quality = Money
- Publicize provider results:
  - Quality Scores
  - Readmission Rates
  - Customer Satisfaction
  - Distribute money

Driving Practice Transformation: Provider Quality Report Cards

Advocare Grove Family Medical Associates

Attribution List: 595 Patients

Clinical Metric	Performance Level	Denominator	Gaps in Care	Numerator	Compliance Rate	Target 50th %ile	Target 75th %ile	Target 90th %ile	Closes For 50th %ile	Closes For 75th %ile	Closes For 90th %ile
Adult BMI Assessment	90th Pctl	443	-	443	100.00%	24.86%	60.58%	72.95%			
Appropriate Low Back Pain Imaging	90th Pctl	3	-	3	100.00%	73.83%	78.13%	81.15%			
Breast Cancer Screening	90th Pctl	205	36	169	82.44%	68.53%	72.69%	77.01%			
Colorectal Cancer Screening	90th Pctl	257	42	215	83.66%	55.87%	65.01%	71.37%			
Diabetes: BP Control (<140/90 mm Hg)	90th Pctl	30	7	23	76.67%	64.00%	70.80%	75.43%			
Diabetes: HbA1c Control (<8%)	90th Pctl	30	3	27	90.00%	61.04%	66.18%	70.48%			
Diabetes: Medical Attention for Nephropathy	90th Pctl	30	-	30	100.00%	81.02%	85.89%	88.81%			
High Blood Pressure Control (<140/90 mm Hg)	90th Pctl	108	21	87	80.56%	64.18%	67.93%	72.26%			
LDL-C Control (<100)	None	5	3	2	40.00%	58.84%	64.49%	70.32%	1	1	2
Pneumonia Vaccination Status for Older Adults	90th Pctl	68	5	63	92.65%	73.00%	78.00%	82.00%			
Tobacco Cessation Intervention	90th Pctl	49	1	48	97.96%	74.60%	80.00%	83.72%			
Advocare Grove Family Medical Associates Total		**1,228**	**118**	**1,110**	**90.39%**						

Advocare Heights Primary Care

Attribution List: 1,655 Patients

Clinical Metric	Performance Level	Denominator	Gaps in Care	Numerator	Compliance Rate	Target 50th %ile	Target 75th %ile	Target 90th %ile	Closes For 50th %ile	Closes For 75th %ile	Closes For 90th %ile
Adult BMI Assessment	90th Pctl	1,040	11	1,029	98.94%	24.86%	60.58%	72.95%			
Appropriate Low Back Pain Imaging	90th Pctl	18	-	18	100.00%	73.83%	78.13%	81.15%			
Breast Cancer Screening	75th Pctl	462	114	348	75.32%	68.53%	72.69%	77.01%			8
Colorectal Cancer Screening	90th Pctl	620	177	443	71.45%	55.87%	65.01%	71.37%			
Diabetes: BP Control (<140/90 mm Hg)	50th Pctl	101	31	70	69.31%	64.00%	70.80%	75.43%		2	6
Diabetes: HbA1c Control (<8%)	75th Pctl	101	33	68	67.33%	61.04%	66.18%	70.48%			3
Diabetes: Medical Attention for Nephropathy	90th Pctl	101	7	94	93.07%	81.02%	85.89%	88.81%			
High Blood Pressure Control (<140/90 mm Hg)	90th Pctl	255	58	197	77.25%	64.18%	67.93%	72.26%			
LDL-C Control (<100)	90th Pctl	18	5	13	72.22%	58.84%	64.49%	70.32%			
Pneumonia Vaccination Status for Older Adults	75th Pctl	218	41	177	81.19%	73.00%	78.00%	82.00%			2
Tobacco Cessation Intervention	90th Pctl	157	3	154	98.09%	74.60%	80.00%	83.72%			
Advocare Heights Primary Care Total		**3,091**	**480**	**2,611**	**84.47%**						

Driving Practice Transformation: Proof is in the Numbers

Delivered 13% Lower Cost of Care

Reduced Inpatient Admissions by 9%

Achieved highest level of care quality

Reduced Hospital 30-Day Readmissions to 12%

Reduced Emergency Department visits by 8%

Increased Generic Drug Dispensing to Medicare patients by 10%

Driving Practice Transformation: Physician Compensation

- Year 1 Payment for Commercial Shared Savings Program:
  - $1.8 MM for 20,000 patients
  - $90 per patient yield/shared savings
  - Performance-based distribution

Driving Practice Transformation: Performance-Based Distribution

Sample Care Center Financial Report Card						
Care Center	**Attributed Patients**	**Percent of Total Quality Captured**	**Baseline Payment**	**Missed Opportunity Quality $'s**	**Bonus $'s**	**Total Payment**
Care Center A	645	82.10%	$ 31,893.85	$ (8,808.29)	$ 17,160.31	$ 49,054.17
Care Center B	1,131	68.84%	$ 27,144.00	$ (54,345.68)	$ -	$ 27,144.00
Care Center C	1,354	73.24%	$ 32,496.00	$ (61,941.12)	$ -	$ 32,496.00
Care Center D	1,800	84.04%	$ 89,006.10	$ (21,359.80)	$ 47,889.25	$ 136,895.35
Care Center E	2,015	78.67%	$ 48,360.00	$ (84,374.43)	$ -	$ 48,360.00
Care Center F	909	78.62%	$ 21,816.00	$ (37,135.21)	$ -	$ 21,816.00
Care Center G	842	58.22%	$ 13,438.32	$ (47,398.15)	$ -	$ 13,438.32
Care Center H	1,231	91.46%	$ 60,870.28	$ (7,828.33)	$ 32,750.92	$ 93,621.21
Care Center I	1,922	87.32%	$ 95,038.73	$ (16,642.50)	$ 51,135.07	$ 146,173.81
All Care Centers	**11,849**	**77.24%**	**$ 740,566.66**	**$ (521,716.17)**	**$ 259,433.34**	**$ 1,000,000.00**

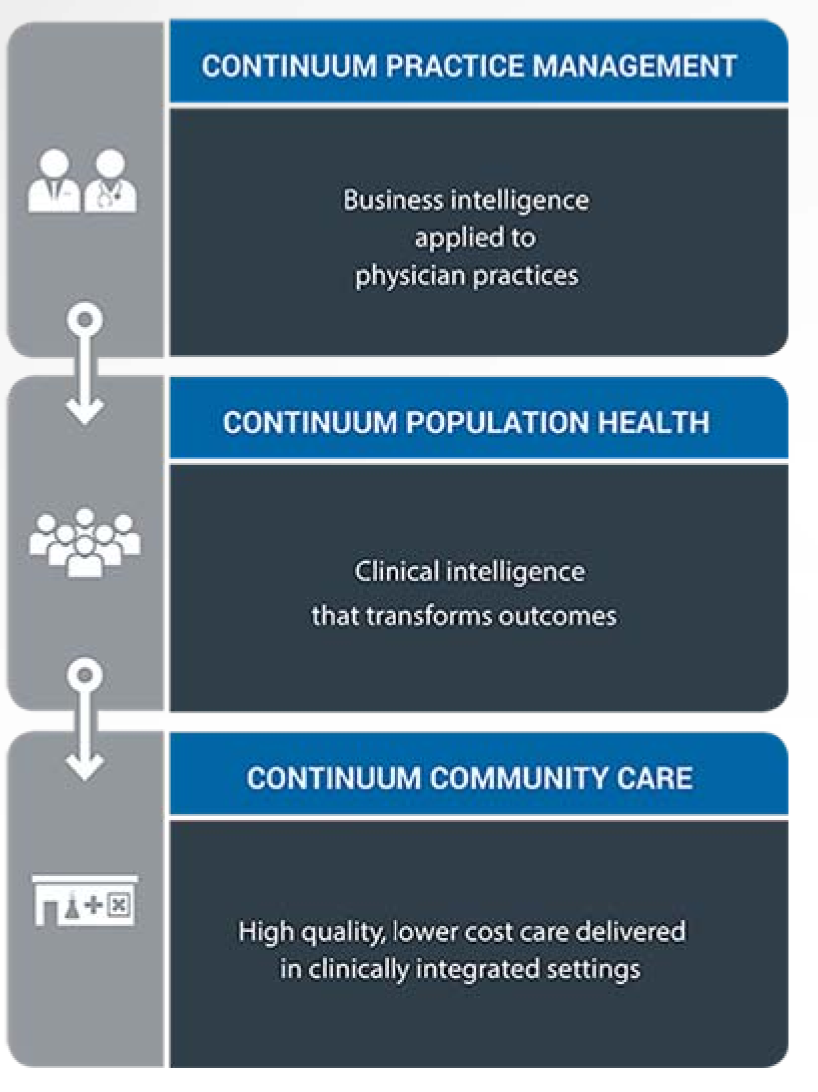
**Not actual figures; representation of figures based on 12 primary care practices*

Closing Notes

- Transformation is hard work
- Long-term commitment – marathon, not a sprint
- Barriers at every point

End result is a new paradigm for the practice of quality medicine

Continuum: An Ambulatory Care Services Company



Mission
Enable Our Partners To Achieve the Triple Aim

- First Ambulatory Care Services Company
- Leader in Evidence-Based POC Quality
- 15-year track record of success
- Serving over 1,000 physicians
- Supports clinical treatment of 2 million patients
- Processes ~$1B practice management fees annually
- Proven success managing value-based purchasing/ risk-based contracts

Summary

- Healthcare landscape
  - Five national secular trends
  - Impact on providers & patients
- Population health program addresses national trends
- Ambulatory care strategy delivers population health management

Thank you!
Questions & Discussion

Transforming the Practice of Medicine

AN AMBULATORY CARE SERVICES COMPANY

402 Lippincott Drive
Marlton, NJ 08053
ph: 856.782.3300 | fax: 856.762.1785
www.challc.net

© 2014, Continuum Health Alliance, LLC, All Rights Reserved and CONTINUUM HEALTH ALLIANCE, LLC is a trademark of Continuum Health Alliance, LLC