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

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Michael Renzi, DO, Chief Medical Officer

March 18, 2014
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

Growing Shortage
Projected supply and demand for primary-care physicians in the U.S., in full-time equivalents

- Supply
- Demand
- Shortage

<table>
<thead>
<tr>
<th>Year</th>
<th>Supply</th>
<th>Demand</th>
<th>Shortage</th>
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<tbody>
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<td>2010</td>
<td>254,800</td>
<td>263,800</td>
<td>9,000</td>
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<tr>
<td>2015</td>
<td>263,600</td>
<td>293,400</td>
<td>29,800</td>
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<tr>
<td>2020</td>
<td>268,000</td>
<td>313,400</td>
<td>45,400</td>
</tr>
<tr>
<td>2025</td>
<td>272,000</td>
<td>337,800</td>
<td>65,800</td>
</tr>
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</table>

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Covered Lives (millions)</th>
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<tr>
<td>January 2008</td>
<td>6.1</td>
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<td>January 2009</td>
<td>8.0</td>
</tr>
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<td>January 2010</td>
<td>10.0</td>
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<td>January 2011</td>
<td>11.4</td>
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<td>January 2012</td>
<td>13.5</td>
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<tr>
<td>January 2013</td>
<td>15.5</td>
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</table>

Source: AHIP, Center for Policy & Research
2005-2013 HAS/HDHP Census Reports
Shifting Payments to Consumers: The Rise of High Deductible, Narrow Network Plans
Trend Continues on Public Exchanges

• National Average Deductible Amount

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<tr>
<th>Plan</th>
<th>Individual</th>
<th>Family</th>
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<tbody>
<tr>
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<td>$10,386</td>
</tr>
<tr>
<td>Silver</td>
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<td>$6,078</td>
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<tr>
<td>Gold</td>
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<td>$2,846</td>
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<tr>
<td>Platinum</td>
<td>$347</td>
<td>$698</td>
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</table>

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

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:
  o Practice Management Services
  o Robust RCM Product
  o 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
• 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
• 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

VALUE-BASED PERFORMANCE PAYMENT

OUTBOUND REPORTING
(CMS, PAYORS, PATIENTS)

Data Normalization
Cost of Care Opportunity
Interventional Intelligence

- EHR
- POC Quality
- HIE
- RX Formulary
- Claims Data
- NOA's
- RCM
- Other

Full data feeds... not just metadata
Technology: Integrated Platform Dashboard

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

Patient data is aggregated with evidence-based guidelines at POC.
Day 1

Evidence-Based NCQA HEDIS Metrics
Technology: Evidence-Based Quality at POC (Patient)

Day 90

Evidence-Based NCQA HEDIS Metrics
Technology: Evidenced-Based Quality at POC (Practice)

Day 1

CareManager

[Image of a CareManager interface showing patient data with columns for Age, Ill, Severity, Asthma Control, Assessment Goal, Controller Meds, Action Plan, Tobacco Status, Last Visit, Next Visit, and HC]

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

[Image of a care management dashboard for asthma and COPD]
Technology: Attribution Management & Risk Profiling

Risk Profile
Attributed Patients
Opportunity Assessment

Operationalize
Attributed Patients

- ER Frequent Flyer (+2 visits/yr)
- Post Hospitalization
- End-of-Life
- Medication Non-adherence
- Risk Score
- Hot Spotting

With Limited Resources
Technology: Predictive Analytics & Data Intelligence

- Progress from patient events to Value-Based Operations
  - Care Management Potential Targets
  - Intervventional Intelligence™
  - Value-Based Reporting
    - Reporting to Payors
    - Population Outcome Metrics
    - Progress to Spend/Quality Goals
    - Provider Performance
Technology: Scalable, Centralized Care Coordination
### Self Management Goals

#### Risk Profile

<table>
<thead>
<tr>
<th>Goal</th>
<th>Description</th>
<th>Self Management</th>
<th>Associated Dc</th>
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<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Action Plan

- **Self Management Tools:**
- **Educational Resources:**
- **Comm Resource Referral:**
- **Follow-up Date:**

#### Status

- **Patient Confidence Level:**
- **Frequency Met:**
- **Patient Readiness:**
- **Barriers:**

#### GOAL #2

<table>
<thead>
<tr>
<th>Description</th>
<th>Add to Handout</th>
<th>Print Handout</th>
<th>Handout Printed</th>
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</table>
**Technology: Living Care Plans (Patient Enablement)**

**Patient Communication**

<table>
<thead>
<tr>
<th>Message Type:</th>
<th>DM_CHD Scorecard Only</th>
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</thead>
<tbody>
<tr>
<td>Summary:</td>
<td>DM-DM_CHD Scorecard</td>
</tr>
<tr>
<td>Printer:</td>
<td>Testpdf</td>
</tr>
<tr>
<td>Letter Head:</td>
<td>Email addresses for Centricity document</td>
</tr>
</tbody>
</table>

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**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.

<table>
<thead>
<tr>
<th>Important Exams, Tests &amp; Shots</th>
<th>What is my goal?</th>
<th>How am I doing?</th>
<th>What do I do now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL Cholesterol (Co-les-ter-all)</td>
<td>Below 100</td>
<td>7/15/2013</td>
<td>Follow our plan</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Below 130/80</td>
<td>8/16/2012</td>
<td>Follow our plan</td>
</tr>
<tr>
<td>Hemoglobin A1C (He-mow-glow-bin A-one-see)</td>
<td>8 or above is Very High 7-8 is High Under 7 is Good</td>
<td>6,7</td>
<td>Good Job Continue to follow our plan</td>
</tr>
<tr>
<td>Microalbumin (My-crow-alb-you-min)</td>
<td>Test at least one time every 12 months</td>
<td>7/15/2013</td>
<td>Test Due</td>
</tr>
<tr>
<td>Flu Shot</td>
<td>One time each year during flu season</td>
<td></td>
<td>Due for flu shot</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>Check as directed by eye doctor</td>
<td>3/6/2013</td>
<td>Be sure to have regular eye exams</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>Check at least one time every 12 months</td>
<td>4/16/2013</td>
<td>Be sure to have one a year</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Clinical Metric</th>
<th>Performance Level</th>
<th>Denominator</th>
<th>Gaps in Care</th>
<th>Numerator</th>
<th>Compliance Rate</th>
<th>Target 50th %ile</th>
<th>Target 75th %ile</th>
<th>Target 90th %ile</th>
<th>Closes For 50th %ile</th>
<th>Closes For 75th %ile</th>
<th>Closes For 90th %ile</th>
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<tr>
<td>Adult BMI Assessment</td>
<td>90th Pctl</td>
<td>443</td>
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<td>443</td>
<td>100.00%</td>
<td>24.86%</td>
<td>60.58%</td>
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<td>34</td>
<td>34</td>
<td>24</td>
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<tr>
<td>Appropriate Low Back Pain Imaging</td>
<td>90th Pctl</td>
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<td>-</td>
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<td>100.00%</td>
<td>73.83%</td>
<td>78.13%</td>
<td>81.15%</td>
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<td>24</td>
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<tr>
<td>Breast Cancer Screening</td>
<td>90th Pctl</td>
<td>205</td>
<td>36</td>
<td>169</td>
<td>82.44%</td>
<td>68.53%</td>
<td>72.69%</td>
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<td>34</td>
<td>24</td>
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<td>Colorectal Cancer Screening</td>
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<td>257</td>
<td>42</td>
<td>215</td>
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<td>55.87%</td>
<td>65.01%</td>
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<tr>
<td>Diabetes: BP Control (&lt;140/90 mm Hg)</td>
<td>90th Pctl</td>
<td>30</td>
<td>7</td>
<td>23</td>
<td>76.67%</td>
<td>64.00%</td>
<td>70.80%</td>
<td>75.43%</td>
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<td>3</td>
<td>27</td>
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<td>Diabetes: Medical Attention for Nephropathy</td>
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<td>3</td>
<td>30</td>
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**Advocate Grove Family Medical Associates Total**: 1,228, 118, 1,110, 90.39%

### Advocare Heights Primary Care

<table>
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<tr>
<th>Clinical Metric</th>
<th>Performance Level</th>
<th>Denominator</th>
<th>Gaps in Care</th>
<th>Numerator</th>
<th>Compliance Rate</th>
<th>Target 50th %ile</th>
<th>Target 75th %ile</th>
<th>Target 90th %ile</th>
<th>Closes For 50th %ile</th>
<th>Closes For 75th %ile</th>
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<td>34</td>
<td>24</td>
</tr>
<tr>
<td>Appropriate Low Back Pain Imaging</td>
<td>90th Pctl</td>
<td>18</td>
<td>-</td>
<td>18</td>
<td>100.00%</td>
<td>73.83%</td>
<td>78.13%</td>
<td>81.15%</td>
<td>34</td>
<td>34</td>
<td>24</td>
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<tr>
<td>Breast Cancer Screening</td>
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<td>114</td>
<td>348</td>
<td>75.32%</td>
<td>68.53%</td>
<td>72.69%</td>
<td>77.01%</td>
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<tr>
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<td>75.43%</td>
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<td>Diabetes: Medical Attention for Nephropathy</td>
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<td>LDL-C Control (&lt;100)</td>
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<td>41</td>
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<td>81.19%</td>
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<td>98.09%</td>
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<td>83.72%</td>
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<td>34</td>
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</tbody>
</table>

**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
### Sample Care Center Financial Report Card

<table>
<thead>
<tr>
<th>Care Center</th>
<th>Attributed Patients</th>
<th>Percent of Total Quality Captured</th>
<th>Baseline Payment</th>
<th>Missed Opportunity Quality $’s</th>
<th>Bonus $’s</th>
<th>Total Payment</th>
</tr>
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<tr>
<td>Care Center A</td>
<td>645</td>
<td>82.10%</td>
<td>$31,893.85</td>
<td>$ (8,808.29)</td>
<td>$17,160.31</td>
<td>$49,054.17</td>
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<tr>
<td>Care Center B</td>
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<td>68.84%</td>
<td>$27,144.00</td>
<td>$ (54,345.68)</td>
<td>$-</td>
<td>$27,144.00</td>
</tr>
<tr>
<td>Care Center C</td>
<td>1,354</td>
<td>73.24%</td>
<td>$32,496.00</td>
<td>$ (61,941.12)</td>
<td>$-</td>
<td>$32,496.00</td>
</tr>
<tr>
<td>Care Center D</td>
<td>1,800</td>
<td>84.04%</td>
<td>$89,006.10</td>
<td>$ (21,359.80)</td>
<td>$47,889.25</td>
<td>$136,855.35</td>
</tr>
<tr>
<td>Care Center E</td>
<td>2,015</td>
<td>78.67%</td>
<td>$48,360.00</td>
<td>$ (84,374.43)</td>
<td>$-</td>
<td>$48,360.00</td>
</tr>
<tr>
<td>Care Center F</td>
<td>909</td>
<td>78.62%</td>
<td>$21,816.00</td>
<td>$ (37,135.21)</td>
<td>$-</td>
<td>$21,816.00</td>
</tr>
<tr>
<td>Care Center G</td>
<td>842</td>
<td>58.22%</td>
<td>$13,438.32</td>
<td>$ (47,398.15)</td>
<td>$-</td>
<td>$13,438.32</td>
</tr>
<tr>
<td>Care Center H</td>
<td>1,231</td>
<td>91.46%</td>
<td>$60,870.28</td>
<td>$ (7,828.33)</td>
<td>$32,750.92</td>
<td>$93,621.21</td>
</tr>
<tr>
<td>Care Center I</td>
<td>1,922</td>
<td>87.32%</td>
<td>$95,038.73</td>
<td>$ (16,642.50)</td>
<td>$51,135.07</td>
<td>$146,173.81</td>
</tr>
<tr>
<td><strong>All Care Centers</strong></td>
<td><strong>11,849</strong></td>
<td><strong>77.24%</strong></td>
<td><strong>$740,566.66</strong></td>
<td><strong>$ (521,716.17)</strong></td>
<td><strong>$259,433.34</strong></td>
<td><strong>$1,000,000.00</strong></td>
</tr>
</tbody>
</table>

*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