



Stanford

HEALTH CARE ALLIANCE



The 14th National Value-Based Payment and Pay for Performance Summit

**Presenter: Tom Williams, VP/GM Stanford Health
Care, Health Plan Operations**



How the Plan Works

- Fee-for-service EPO/POS product which steers patients to Stanford providers
- Direct-to-Employer Accountable Care Organization (ACO) for self-funded plans
- Administrative support from TPA
- Broad customized provider network
- Concierge member care services through Care Counsel
- Management of total cost of care
- P4P quality and patient experience



SHC Alliance – Model & Value Proposition

- Health system-centric ACO
- Key relationships with distinguished self-funded corporate partners
- Stanford Medicine and complex care management
- Core Stanford network plus custom supplemental providers
- Onsite employer-based clinic administration
- Proven value based model with risk share
- Product demand and membership growth



450+ primary care
and pediatric doctors
...including onsite clinic doctors

2,200+ specialists
...including obstetrics, gynecology,
cardiology, orthopedics, surgeons,
neurologists, and more

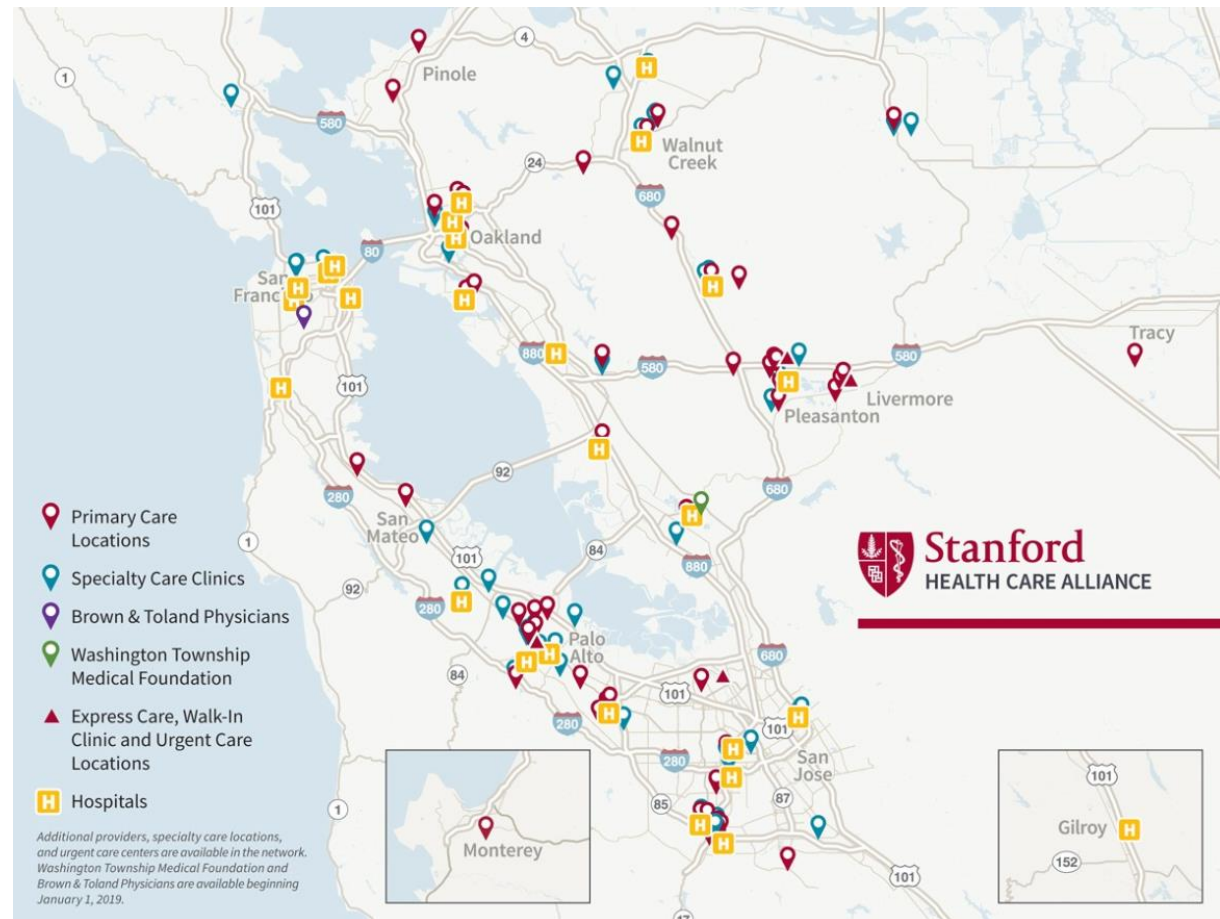
In addition to the Stanford
Health Care providers, a

**custom
supplemental
robust network
of providers**

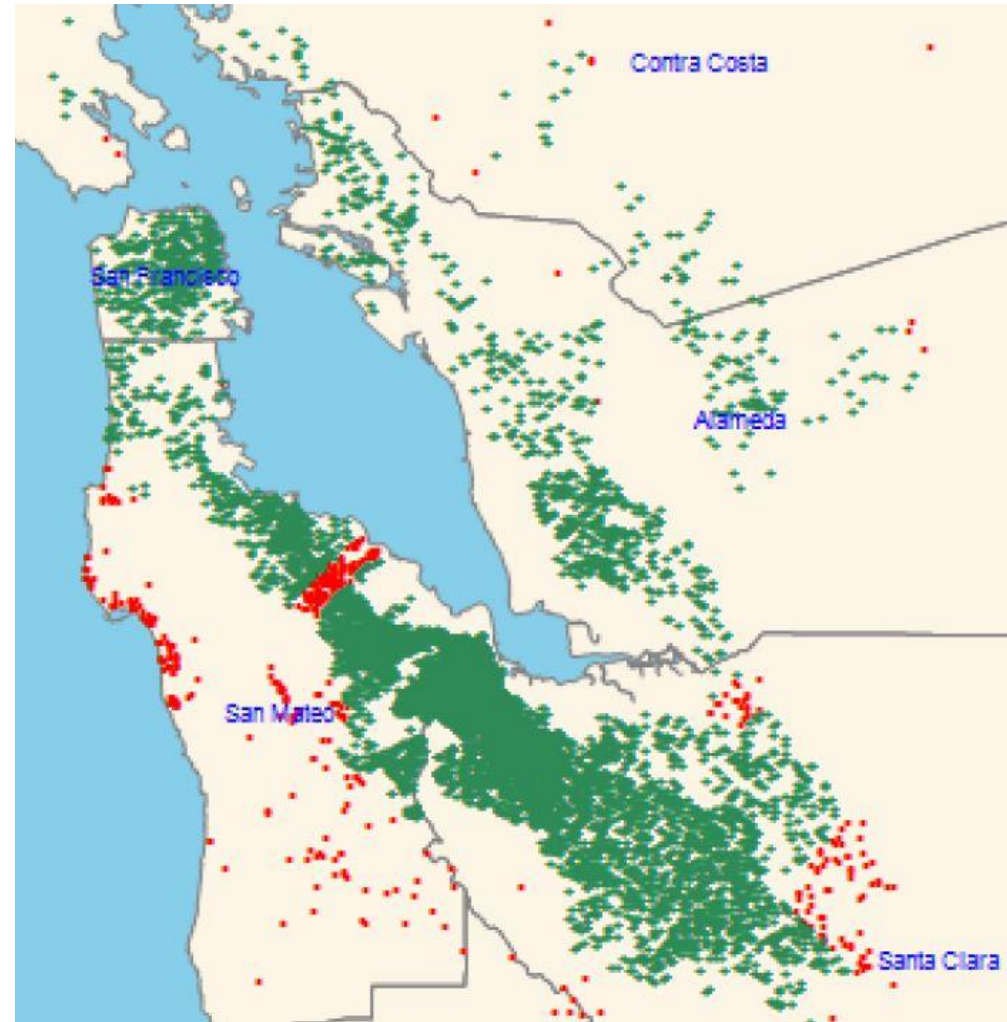
for behavioral health specialists,
acupuncturists, chiropractors, and
physical therapists; and emergency room
coverage nationally

SHC Alliance – Bay Area Network Coverage

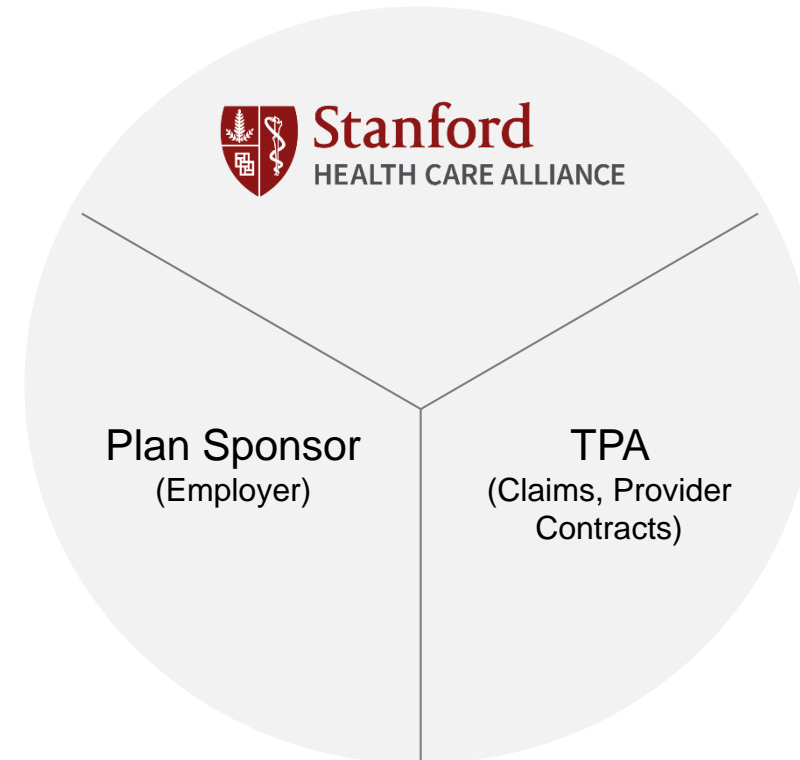
- SHCA broad network access for primary care
- Affiliations with key medical groups in San Francisco and Fremont



- Strict criteria: 2 PCPs within 5 mile radius



- Tripartite ACO agreement
 - Administrative services and terms
 - Delegation agreement and Division of Responsibility (DOR)
 - Business Associates Agreement (BAA)
- Provider Contracts
 - Health plan or rental network



SHC Alliance – Performance Measures



No.	Measure Type	Performance Measure	Measure Intent	Specifications	Data Source
1	Clinical Quality	Diabetes Care: HbA1c Control	Monitor diabetic members with HbA1c control	HEDIS: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following: HbA1c Good Control (<8.0%)	Claims/EMR
2	Clinical Quality	Diabetes Care: HbA1c Testing	Monitor diabetic members with A1c Testing	HEDIS: The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had the following: One HbA1c Test per year	Claims/EMR
3	Clinical Quality	Cervical Cancer Screening	Screen female members for cervical cancer	HEDIS: Measures women 21–64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21–64 who had cervical cytology performed every 3 years * Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	Claims/EMR
4	Clinical Quality	Breast Cancer Screening	Screen female members for breast cancer	HEDIS: Measures women 50 -74 years of age who had a mammogram to screen for breast cancer	Claims/EMR
5	Clinical Quality	Controlling High Blood Pressure	Manage members with hypertension	HEDIS: Measures the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year	Claims/EMR
6	Clinical Quality	Low Back Pain	Measure Use of Imaging Studies for Low Back Pain	HEDIS: The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. A higher score indicates better performance.	Claims/EMR
7	Clinical Quality	Childhood Immunization Status	Monitor children for the Measles, Mumps, and Rubella (MMR) vaccine	HEDIS: Measures children 2 years of age who had the MMR vaccine.	Claims/EMR
8	Clinical Quality	Plan All-Cause Readmissions (O/E ratio)	Measures rate of unplanned readmissions	HEDIS: For members 18-64 years of age, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.	Claims
9	Clinical Quality	ED Utilization (O/E ratio)	Measures the number of emergency department visits	HEDIS: For members 18 years of age and older, measures the risk-adjusted ratio of observed to expected emergency department visit per thousand patient per year	Claims/EMR
10	Clinical Quality	NTSV C-Section rate	Measures the rate of NTSV C-Section among the low-risk, first-time mothers	Joint Commission National Quality Measure: Measures the percentage of deliveries to nulliparous women with a term, singleton baby in a vertex position (NTSV) that are delivered by Cesarean Section	LPCH-wide data reported to Maternal Data Center at CMQCC
11	Resource Use	Generic Rx Use	Measures the percent generic fill rate	Industry Standard: Percentage of prescriptions filled with generic drugs	PBM/Rx Claims
12	Patient Satisfaction	Likelihood to Recommend	Patient satisfaction with experience	Press Ganey Top Box (Rating of "5")	Press Ganey, Medical Practice Survey
13	Patient Satisfaction	Wait Times	Patient satisfaction with wait time	Press Ganey Top Box (Rating of "5")	Press Ganey, Medical Practice Survey
14	Patient Satisfaction	Informed about Delays	Patient satisfaction with communication regarding delays in wait time	Press Ganey Top Box (Rating of "5")	Press Ganey, Medical Practice Survey
15	Patient Satisfaction	Sensitivity to Patient Needs	Patient satisfaction with perceived empathy/ nature of provider	Press Ganey Top Box (Rating of "5")	Press Ganey, Medical Practice Survey



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