

Accountable Care Organizations Overview of HealthCare Partners – A Physician-Led Model

**Robert Margolis, M.D.
Chairman & CEO
HealthCare Partners**

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Commercial ACO

- Why? – Why now?
- How?
- Ingredients for Success

Mission

HCP partners with our patients to live life to the fullest by providing outstanding healthcare and supporting our physicians to excel in the healing arts.

Vision

HCP will be the role model for integrated and coordinated care, leading the transformation of the national healthcare delivery system to assure quality, access and affordable care for all.

HealthCare Partners

Nationwide - Capitated

- Senior Patients: 173,371
- Commercial Patients: 511,253
- Primary Care Physicians – Employed: 395
- Primary Care Physicians – IPA: 1,190
- Specialists – Employed: 320
- Specialists – Contracted: 6,180
- Staff Model Facilities: (Primary Care, Urgent Care, Walk-In, Ambulatory Surgery, Pharmacy): 152
- IPA PCP Medical Offices: 856
- Health Plans Accepted: 17 Medicare Advantage, 12 Commercial (HMO & POS)
- Affiliated Hospitals: 111
- Languages Spoken: More than 50

HealthCare Partners Delivery System

- Global Capitation Predominates
- Physician-Owned
- Centrally Coordinated
- Regionally Driven
- Strong Medical Management Infrastructure
- Robust Business Support Units
- Large PPO and Medicare Patient Population

HealthCare Partners Delivery System

Staff / Group Model- 45% of patients in CA, 65% of patients in other states

- Full time physicians – 7,500 total, 1,000 employed
- Salary plus incentives
- PCP predominated with specialists

IPA- Independent Physician Association- 55% of patients in CA, 35% of patients in other states and fastest growth in company

- Over 1,200 PCP's, over 6,000 Specialists
- PCP's paid combination of Capitation and FFS to incent seeing the patients
- PCP's Bonus based on acuity of patients and quality outcomes
- Specialists primarily paid on capitation plus bonus based on acuity and quality outcomes
- Many PCP's and specialists exclusive and semi-exclusive

Where a Great Opportunity Lies

- **IPA Physicians**
- **Predominately FFS**
- **Moving toward greater coordination**
- **Untapped potential**

Critically Important **Technology Backbone**

- All feeds to Integrated Data Warehouse
 - Clinical EHR
 - Lab
 - Rx
 - Images
 - Encounters
 - Claims
 - Hospital A/D/C
- Patient Keeper Hospitalist System
- Predictive Modeling
- PIP – Physician Information Portal
- POP – Patient On Line / PHR
- HealthCarePartners.com

HealthCare Partners

Accountable Care Organization Platform

ACO System Requirements

Physician Network Development:

- Culture Development
- Principles for Selective Physician Compacts and Contracts
- Meaningful Performance-Based Incentives, Intervention Rules
- Broad Geographic Coverage
- Inclusive Governance Structures
- Champion Identification and Leadership Training Competencies
- Medical Staff Planning Recruitment Strategies
- Clinical Integration Set-up and Enrollment
- Staffing Model Migration

ACO System Requirements

Payment Transformation:

- Provider Incentive-Compensation Design
- Patient and Physician (Accountability and Revenue) Attribution Protocols
- Actuarial Modeling Competencies
- Risk-Adjusted Metrics and Measures for Payor Contracting
- Payor/Purchaser Negotiation Insights and Strategies
- Contract Management and Payment Adjudication Tools

ACO System Requirements

Clinical Transformation:

- IT Connectivity, Common Data Environments
- Hardwired, Evidence-Based Clinical Protocols and Standards
- Healthy Home Development
- Performance Measurement and Monitoring Capabilities
- Cross-Continuum Patient Access and Triage Rules
- Staffing Models and Coordination Role Definition
- Post Provider Care – Home Monitoring, Home Health, etc.
- Patient Engagement, Coaching, Outreach Management

Medical Risk Management Overview

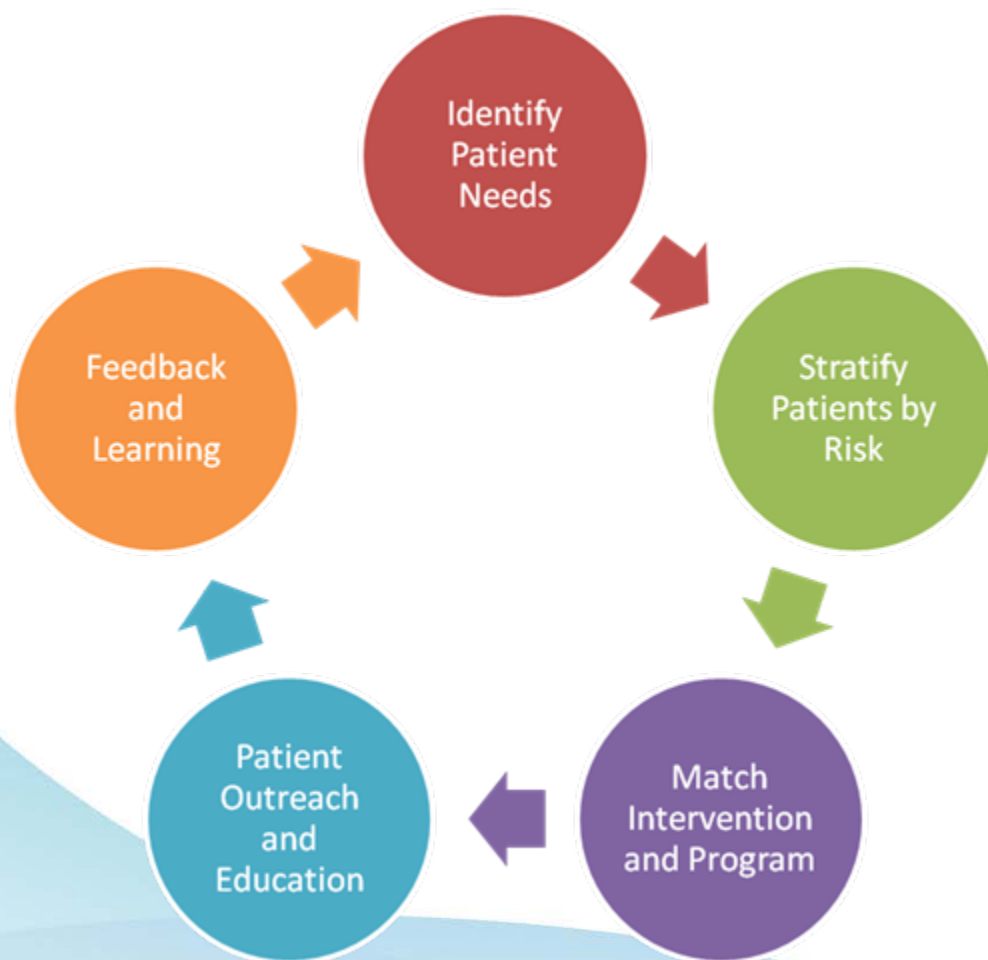
HCP manages costs utilizing integrated and data driven management tools:

- Disease management – focused on disease states that most impact cost and quality
 - Congestive heart failure
 - COPD
 - Asthma
 - Diabetes
- Comprehensive data analysis focuses on high impact clinical interventions
 - High Utilizer Group management (HUGs program)
 - Comprehensive Care Clinics
 - 24/7 patient support center for patient triage
 - End-of-life care programs
 - Home Care
- Same day access and Urgent Care Centers reduce ER visits and admissions
- Hospital risk management
 - Pre-admission review programs
 - Over 100 hospitalists managing inpatient care
 - Rigorous admission and discharge planning criteria ensure most appropriate setting of care
 - Innovative, aligned hospital contracting model

Essential Transformation from a Concept to a Product

- Affiliation →
- Attribution →
- Product Selection

Proactive Population Management



The continuous 'Virtuous Cycle' of Improved care and outcomes is at the heart of HCP's proactive population management.

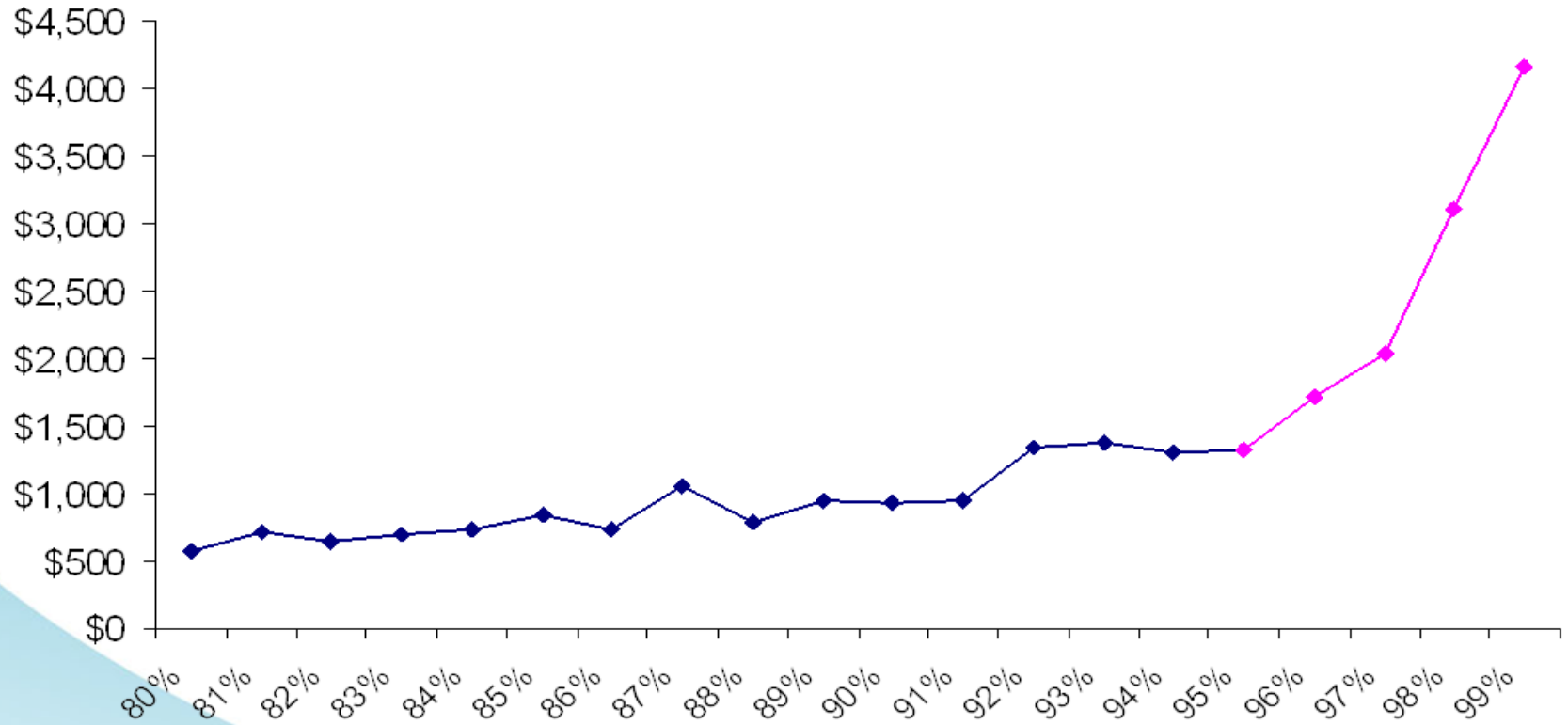
Continuous improvement to drive:

- Better Care
- Better Quality
- Better Efficiency
- Better Patient Experience

Target Patient Population

RiskStrat PMPM

Risk Stratification PMPM Costs



Predicted Cost Percentile



Stratifying Patients into the Appropriate Program

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

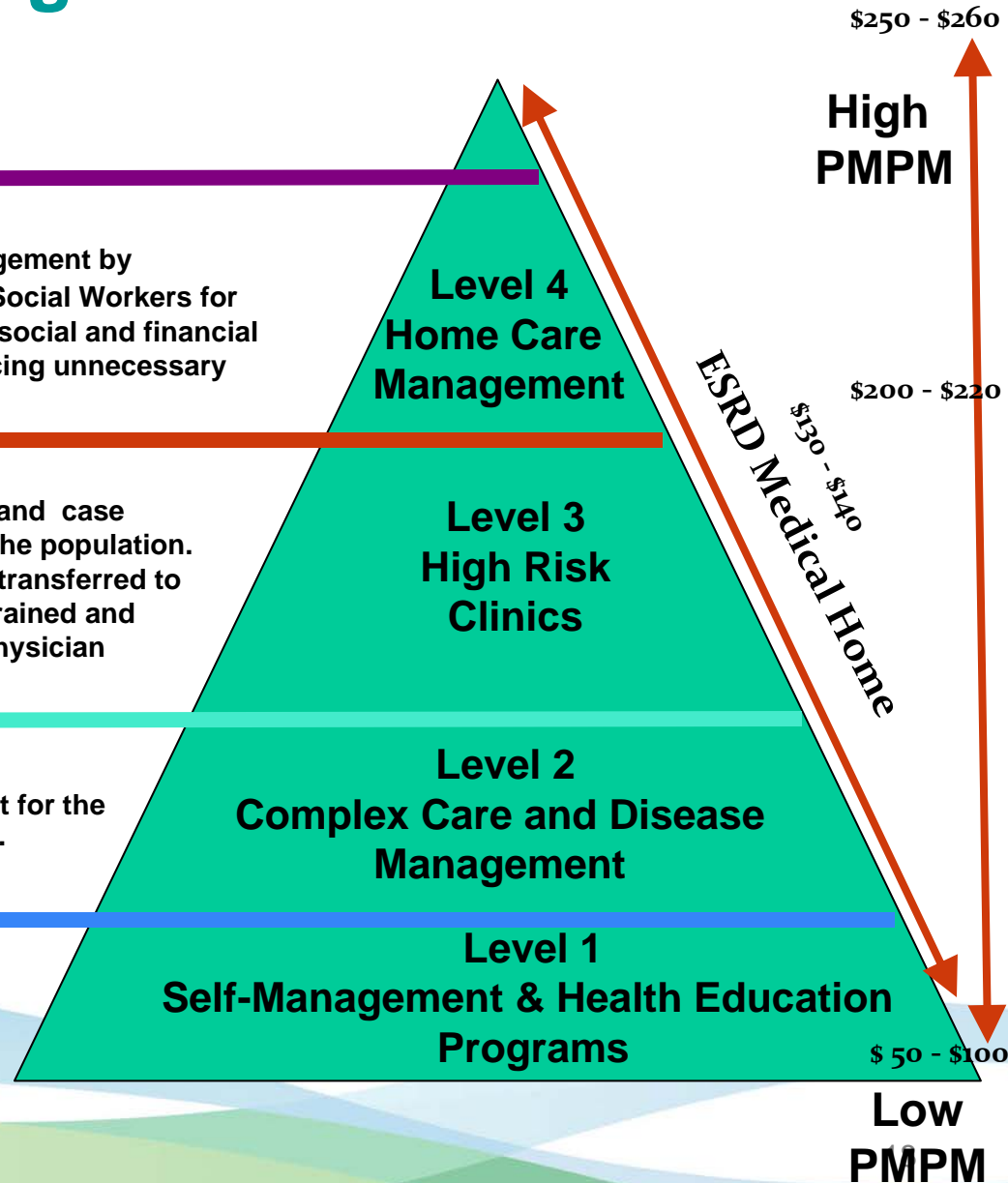
intensive one-on-one physician /nurse patient care and case management for the highest risk, most complex of the population. As the risk for hospitalization is reduced, patient is transferred to Level 2. Physicians and Care Managers are highly trained and closely Integrated into community resources and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

Complex Care and Disease Management

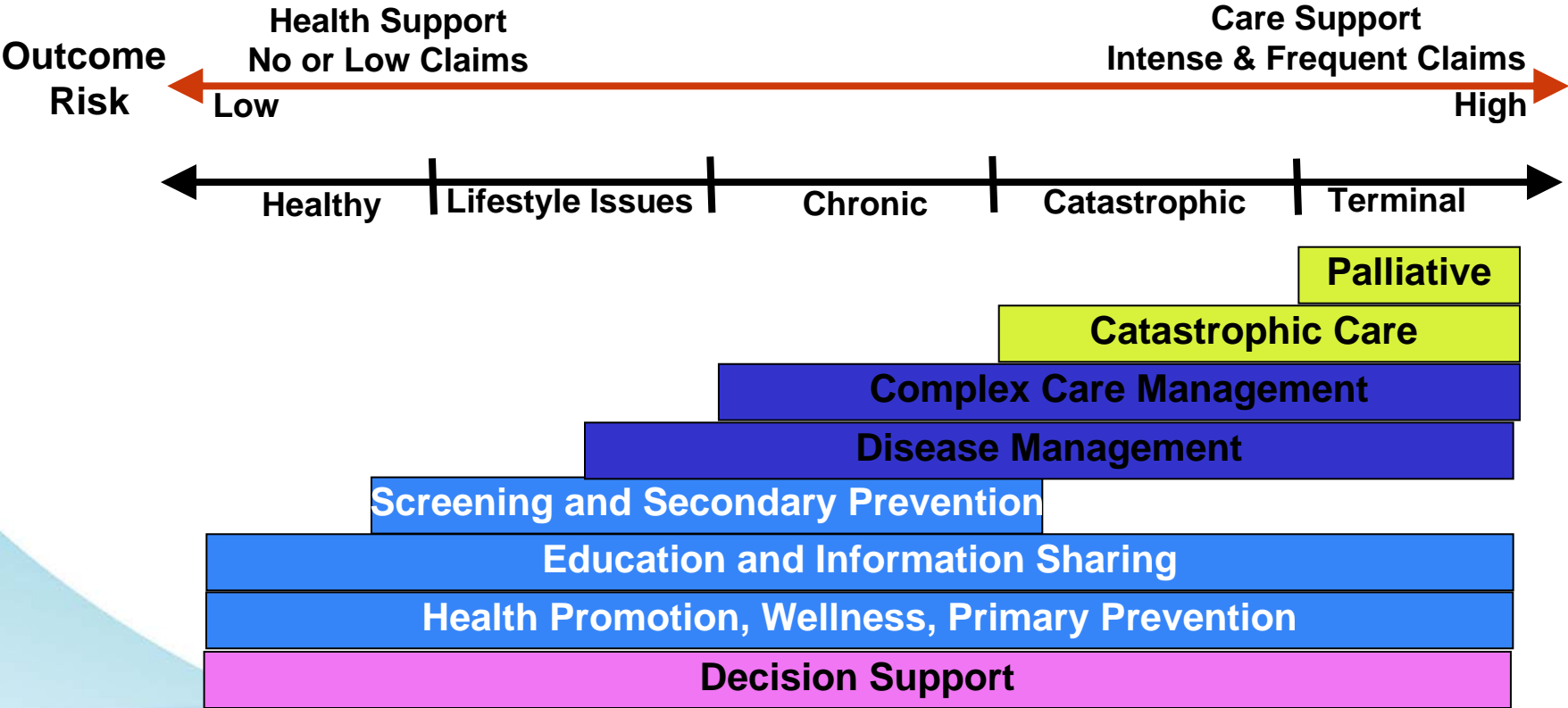
Provides long-term whole person care enhancement for the population using a multidisciplinary team approach. Diabetes, COPD, CHF, CKD, Depression, Dementia

Self Management, PCP

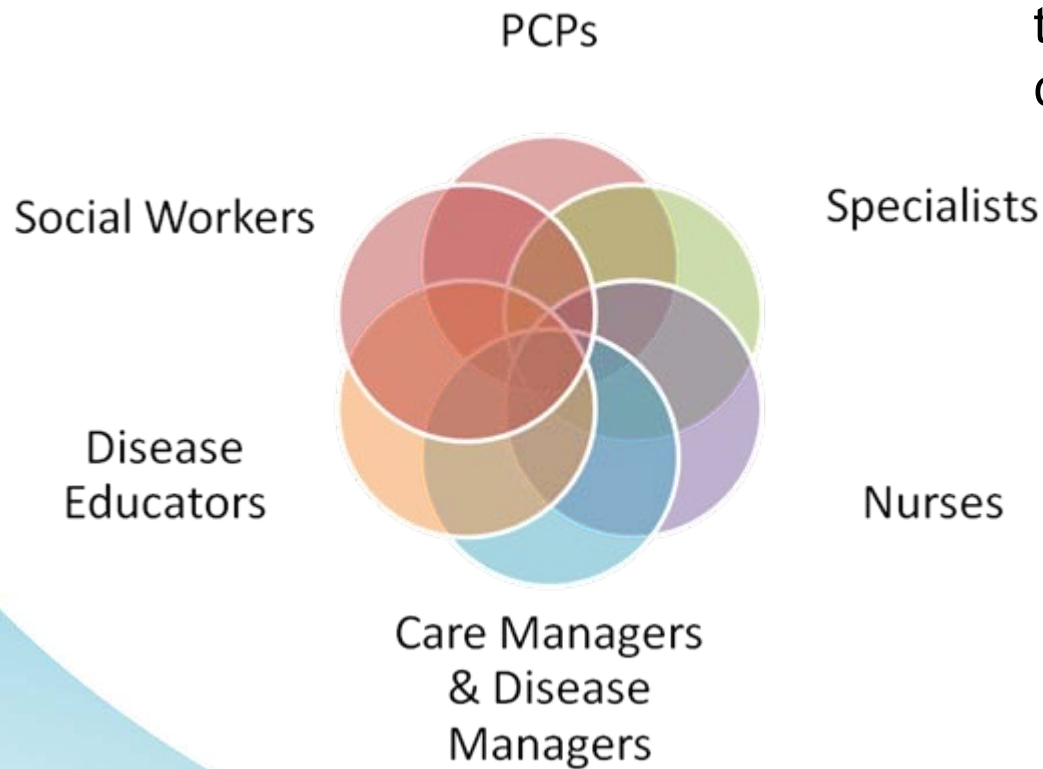
Provides self-management for people with chronic disease.



Programs Overlap



The HCP Care Team Approach



Interactive and collaborative teams of clinicians support HCP clinical programs.

High Risk Programs:

- Home Care
- ESRD
- Comprehensive Care Center
- Post-Acute Comprehensive Care

Disease Management Programs:

- Diabetes
- CAD
- CHF
- COPD
- Dementia

Clinical Data, Clinical Tools



Disease Registries for every HCP physician to better understand the make up of his or her patient panel

Web-based, Self-Serve, Disease Registries:

- Diabetes
- COPD
- CHF
- CKD
- Dementia
- CAD
- Asthma
- Depression

Custom Registries Based on Specific Interventions

HR Diabetics w CHF and CKD and GFR less 30 NO ACEARB

HCP Reporting Services Development
Home > DZReg > **ReportModel**

Home | My Subscriptions | Help
Search for: Go

Contents Properties

New Folder New Data Source Upload File Report Builder Show Details

- ChfDetailReportModel
- Commercial Group Diabetics LDL 150 NO LIPID RX
- DiabetesDetailReportModel
- dzreg
 - dzreg
 - HR Diabetics w CHF and CKD and GFR less 30 NO ACEARB**
 - JH HR Group Diabetics All Regions
 - JH HR IPA Diabetics All Regions
 - R1 Diabetic Eye Exam Call List Commercial Group Patients
 - R1 Diabetic Eye Exam Call List Senior Group Patients
 - R2 and R4 Senior Group Diabetics LDL GR130 No LipidRx
 - R2 Group Seniors BMI Greater 30 and SHTN
 - R2 Group Seniors LDL Greater 100
 - R3 Senior Group Diabetics LDL GR130 No LipidRx
 - R4 Bixby Group Diabetic Commercial w LDL Greater 100
 - R4 Bixby Group Diabetic Seniors w LDL Greater 100
 - R4 Bixby Group Diabetic Seniors WO LDL 2yr
 - R4 Bixby IPA Diabetic Seniors w LDL Greater 100
 - R4 Bixby IPA Diabetic Seniors WO LDL 2yr
 - R4 CHF SCAN Patients
 - R4 Group Diabetic Patients Senior N Commercial No LDL
 - R4 Group Seniors GFR Less 60
 - R5 Senior Group Diabetics With Systolic Hypertension LDL G100
 - R5 Diabetics A1C Greater8 and SHTN
 - R5 Group Diabetic Patients Senior N Commercial LDL Greater Than 100 On Lipid Rx
 - R5 Group Seniors BMI Greater 30
 - R5 Group Seniors GFR Less Than 30 No CKD Dx
 - R5 Group Seniors GFR Less Than 45 No CKD Dx
 - R5 Group Seniors GFR Less Than 60 No CKD Dx
 - R5 IPA Seniors GFR Less Than 30 No CKD Dx
 - R5 IPA Seniors GFR Less Than 45 No CKD Dx
 - R5 IPA Seniors GFR Less Than 60 No CKD Dx
 - R5 Senior Group Diabetics With Systolic Hypertension LDL Uncontrolled
 - Region 4 Diabetics LDLGreater 100 Lipid Rx
 - Region 4 Diabetics LDLGreater 100 Lipid Rx Bixby
 - Region 4 Diabetics LDLGreater 100 Lipid Rx Katella Docs
 - Region 4 Diabetics LDLGreater 100 No Lipid Rx
 - Region 4 Diabetics LDLGreater 100 No Lipid Rx Katella Docs
 - Region 4 Diabetics No LDL All Patients Group IPA
 - Region 4 Diabetics No LDL Bixby

ENTER NAME OR MRN

PATIENT LIST BY INTERVENTION TYPE

PIP HOME
 Region V - HCP IPA - Northridge Med Grp | All Offices | Oz MD, Alan

- PATIENT MANAGEMENT
- SCHEDULE
- PATIENT LISTS
- PATIENT PANEL
- BY INTERVENTION TYPE
- BY DEMOGRAPHICS
- HCC BY CATEGORY
- HCC PHYSICIAN PURSUIT LIST
- NO HCC HISTORY
- HCC NON RECAPTURED CODES
- P4P BY CATEGORY
- P4P PURSUIT LIST
- PERFORMANCE MEASURES
- HCC SUMMARY
- HCC RECAPTURE RATE SUMMARY
- HCC RECAPTURE RATE TREND
- P4P SCORES
- TOOLS
- CONTACT US

Include patients with these intervention types:








HCC All HCC Categories | P4P All Measures | Clinical All | Rx Clinical Chart Review

Generate Report As:

On Screen Excel PDF Patient Intervention Reports

Only patients with selected interventions will be displayed.

Screenshot of list of patients needing interventions

PATIENT NAME	DOB	MRN	PCP NAME	LAST HCC SERVICE	LAST P4P SERVICE	INTERVENTIONS	INTERVENTION REPORT
Almond, Dulce	07/08/1955		Oz MD, Alan		01/18/2010	<ul style="list-style-type: none"> • P4P - Need CRC screening 	
Alpine, Strawberry	05/04/1959		Oz MD, Alan		10/08/2009	<ul style="list-style-type: none"> • P4P - Need CRC screening • P4P - Needs PAP 	
Apple, Rose	10/11/1978		Oz MD, Alan			<ul style="list-style-type: none"> • P4P - Needs PAP 	
Asian, Pear	01/04/1937		Oz MD, Alan	03/08/2010	03/08/2010	<ul style="list-style-type: none"> • Diabetes with Eye Disease - Evaluate and code 250.5* if likely due to DM • P4P - Need CRC screening • P4P - Perform HbA1c Test • P4P - Perform LDL Test • P4P - Perform Nephropathy Screening • P4P - Submit both Blood Pressure CPTII Codes 	
Banana, Pudding	06/11/1957	47-678011	Oz MD, Alan		02/13/2008	<ul style="list-style-type: none"> • P4P - Need Mammo Screening 	
Betel, Nut	07/23/1958	47-841764	Oz MD, Alan			<ul style="list-style-type: none"> • P4P - Need CRC screening • P4P - Need Mammo Screening • P4P - Needs PAP 	
Cherry, Strawberry	07/01/1959		Oz MD, Alan		01/20/2010	<ul style="list-style-type: none"> • P4P - HbA1c Control < 7% and Retest • P4P - Need CRC screening • P4P - Perform Nephropathy Screening 	

Example of Point-of-Care Reminder

HEALTHCARE PARTNERS

PATIENT INTERVENTION REPORT

REPORT DATE: 4/16/2010

Page 1 of 1

Region(s): [REDACTED]

Site(s): [REDACTED]

PCP(s): [REDACTED]


Name	[REDACTED]	Telephone	[REDACTED]	Address	[REDACTED]
MRN	[REDACTED]	Enrolled	Y	City/Zip	[REDACTED]
DOB	02/21/1949	Gender	F	Next PCP Appt	


PIR Summary 2010:

Intervention Type	Description	Suggested Actions
P4P	Comprehensive Diabetes Care	Perform HbA1c Test Perform LDL Test Perform Nephropathy Screening Submit both Blood Pressure CPTII Codes
	Colorectal Cancer Screening	Need CRC screening
	Women Wellness Screening	Need Mammo Screening
HCC	15 Diabetes With Renal Or Peripheral Circulatory Manifestation 250.40 Diabetes W/renal Manif, Type II Or Unspec, Controlled	Needs Coding
	16 Diabetes With Neurologic Or Other Specified Manifestation 250.60 Diabetes W/neuro Manif, Type II Or Unspec, Controlled	Needs Coding

Example of P4P Scores Report

SHOW FOR FOR

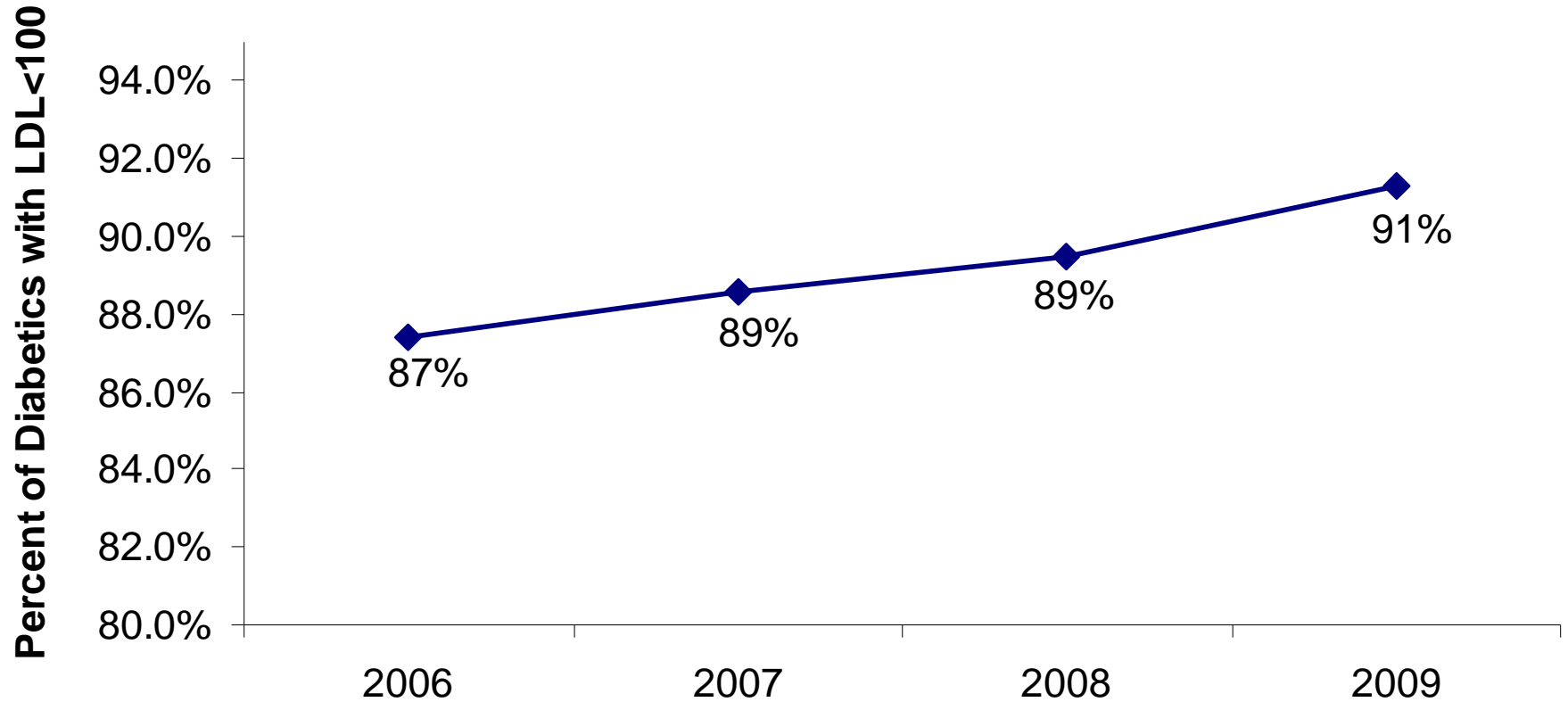
 Print On Screen Report

Org: Group  Export to Excel

[Read Full Measure Descriptions](#)

P4P MEASURE STUDIES	# COMPLETED (NUMERATOR)	# REMAINING	TOTAL # PATIENTS (DENOMINATOR)	P4P SCORE
Adults w/Acute Bronchitis				
Adults w/Acute Bronchitis (No Antibiotics)	629	303	932	67%
Asthma				
Asthma (Medication Ratio)	889	384	1273	70%
Childhood Immunization				
Chicken Pox vaccine	925	59	984	94%
DTaP vaccination	880	104	984	89%
Hepatitis A vaccination	697	287	984	71%
Hepatitis B vaccination	852	132	984	87%
HIB vaccination	958	26	984	97%
IPV vaccination	929	55	984	94%
MMR vaccination	921	63	984	94%
Pneumococcal vaccination	885	99	984	90%
Rotavirus vaccination	774	210	984	79%
Children with Pharyngitis				
Children with Pharyngitis (Strep Test)	745	104	849	88%
Children with URI				
Children with URI (No Antibiotics)	3805	210	4015	95%
Cholesterol Management for Cardiac Pts				
Cardiac Pts LDL < 100	1453	691	2144	68%
Cardiac Pts LDL Test	1956	188	2144	91%
Colorectal Cancer Screening				
Colorectal Cancer Screening	36428	13384	49812	73%
Comprehensive Diabetes Care				
Diabetes Blood Pressure < 130/80	6813	10980	17793	38%
Diabetes HbA1c Control	10406	7389	17795	58%
Diabetes HbA1c Test	16098	1697	17795	90%
Diabetes LDL Control < 100	10557	7238	17795	59%
Diabetes LDL Test	15683	2112	17795	88%

Diabetes HbA1c Test 2006-2009



**Diabetes HbA1c Control (<8.0%) at 65% in 2008 and 2009;
consistently at the 75th percentile and above**



Related links

[About the Medical Group Ratings](#)

[What Is a Medical Group?](#)

[How to Choose a Medical Group](#)

[California Association of Physician Groups \(CAPG\)](#)

[Integrated Healthcare Association \(IHA\)](#)

[IHA Top Rated Medical Groups](#)

Testing Blood Sugar for Diabetes Patients

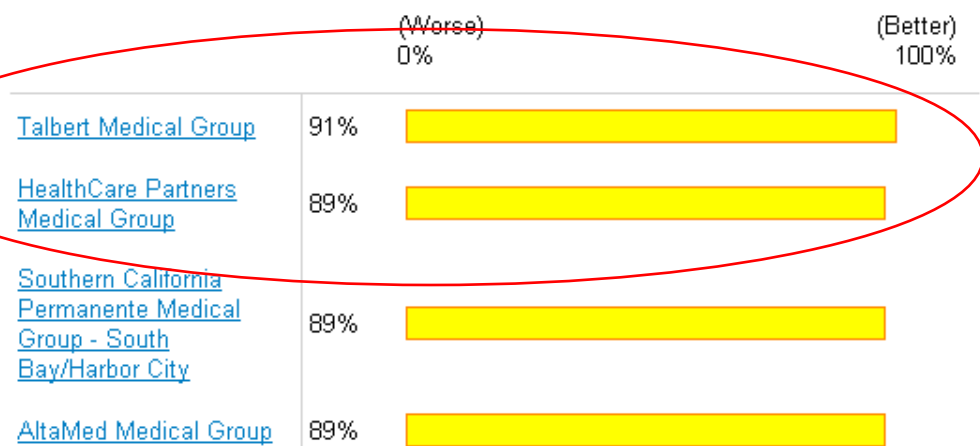
Los Angeles - Torrance and South Bay

[Choose a different county](#)

Testing Blood Sugar for Diabetes Patients

Look for differences of at least 4%. Smaller differences usually are not significant

We compared each medical group's patient records to a set of national standards for quality of care.



What Was Measured?

What percentage of medical group members with diabetes had their hemoglobin A1C level checked at least once in the year?

These results are based on patient records from the medical group or HMO.

Why Is It Important?

Keeping your blood sugar from getting too high is key to keeping diabetes under control. High blood sugar damages your heart, eyes, feet, and many other parts of your body. Medical groups that earn high ratings check your blood sugar regularly. They also help you learn to test your blood sugar yourself.

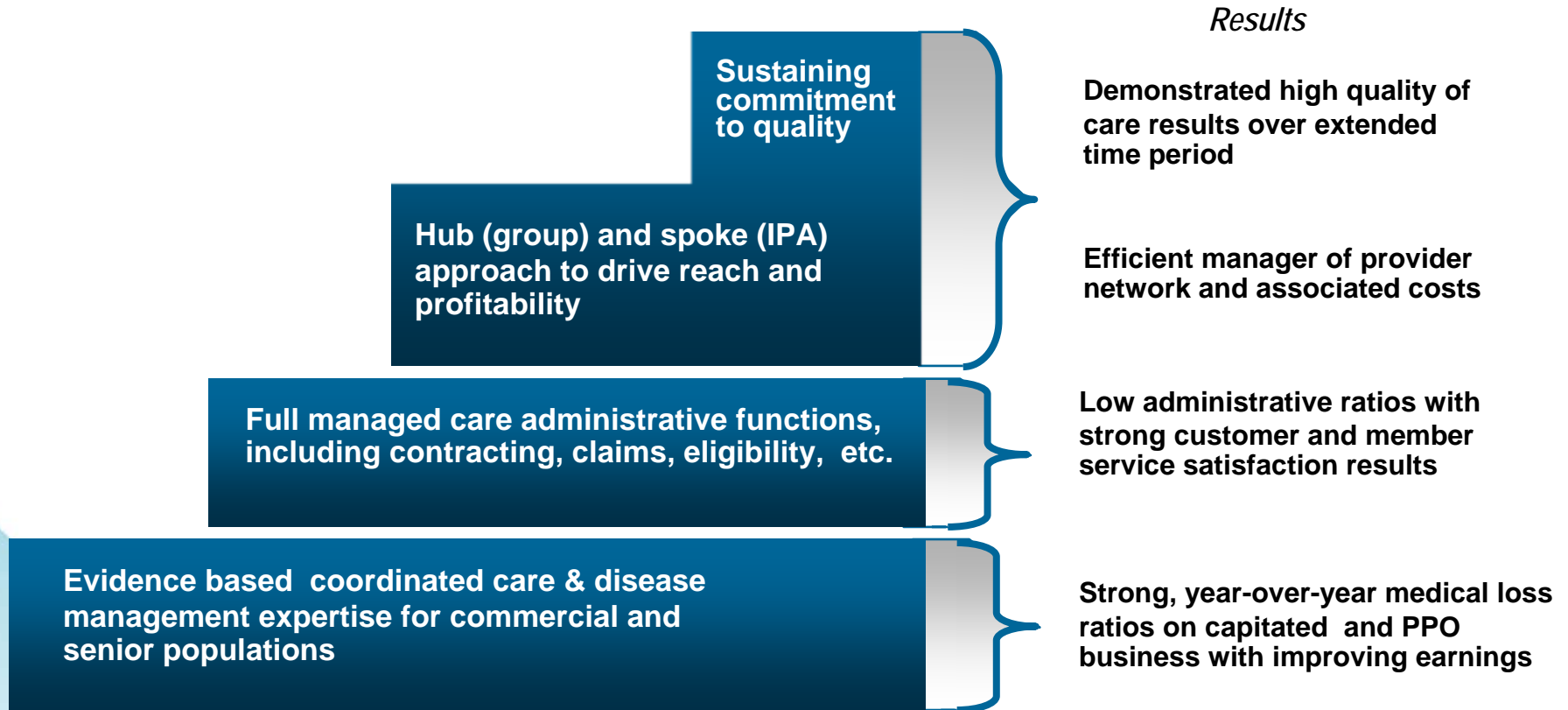
ACO – Growth Thesis

- Synergies of complimentary businesses accelerate growth, improve cost effectiveness of care delivery and integration of new healthcare products across all markets
- Physician-owned and led
- Clinical excellence; clinical autonomy
 - Care coordination supplants utilization management
- Centrally coordinated, regionally driven
- Strong medical management infrastructure and tools
- Robust business support units to leverage PCPs and specialists
- Health reform leader; profitable growth; financial stability
- Global risk incentivizes investment in advanced medical management infrastructure which lowers hospital utilization; HCP redirects savings to physicians driving improved quality at lower cost

Lessons Learned

- Strong Physician Leadership + Strong Management Team + aligned Incentives – critical elements
- Population Based Payment essential (shared savings a weak first step)
- Systems can grow effectively without a 50 year history
- Competition in every market is important

Leverageable Platform for Growth





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