COSEHC and the QualityImpact PTN Performance Story

A Relentless Commitment to Building a Culture of Value and Accelerating Sustained Results

March 14, 2019
THE TRANSFORMING CLINICAL PRACTICES INITIATIVE

Our 7 Aims

1. Support more than 140,000 clinicians in their practice transformation work
2. Improve health outcomes for millions of Medicare, Medicaid, and CHIP beneficiaries and other patients
3. Reduce unnecessary hospitalizations for 5 million patients
4. Generate $1 to $4 billion in savings to the federal government and commercial payers
5. Sustain efficient care delivery by reducing unnecessary testing and procedures
6. Transition 75% of practices completing the program to participate in Alternative Payment Models (APMs)
7. Build the evidence base on practice transformation so that effective solutions can be scaled
**EVALUATING TRANSFORMATION**

Key Imperatives that Drive Change

1. **PATIENT AND FAMILY-CENTERED CARE DESIGN**
   - Access
   - Patient and family engagement
   - Coordinated Team Care
   - Population Management
   - Community partners

2. **CONTINUOUS, DATA-DRIVEN QUALITY IMPROVEMENT**
   - Culture-Engaged leadership
   - Transparent measurement and monitoring
   - CQI

3. **SUSTAINABLE BUSINESS OPERATIONS**
   - Strategic use of practice revenue
   - Analyze and document value
   - Operational efficiency
   - Staff Vitality

4. **CLINICAL PERFORMANCE**
   - Diabetes, HTN, CKD, HF, Asthma/COPD
   - Colorectal Cancer Screening
   - Tobacco Utilization
OUR TEAM
A Multi-disciplinary Team of Leaders, Change Agents, and Care Delivery Transformation Experts
We Support Practice Transformation Across a Diverse Network of Clinicians and Practices in 15 States

### Size and Scale

<table>
<thead>
<tr>
<th></th>
<th>Primary Care</th>
<th>Specialty Care</th>
<th>Total</th>
<th>Commitment</th>
<th>% of Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinicians</td>
<td>1973</td>
<td>2745</td>
<td>4,718</td>
<td>4,040</td>
<td>117%</td>
</tr>
<tr>
<td>Practice Sites</td>
<td>340</td>
<td>408</td>
<td>748</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td></td>
<td></td>
<td>2,154,447</td>
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</tr>
</tbody>
</table>

#### TOP SPECIALTIES

- Psychiatry
- Cardiology
- OB/GYN
- Surgery

#### Practice Size by Number of Clinicians

- <= 5
- <= 25
- <= 100
- <= 500
- > 500
**OUR RESULTS**

Exceeding Performance Goals Across All Aims

**Engaging Clinicians in Transformation**
- Enrolled 4,706 clinicians (117% of goal)

**Reducing Unnecessary Utilization**
- Avoided 15,403 all-cause hospitalizations & ED visits

**Improving Health Outcomes**
- Exceeded goal to improve high-impact CV measure performance by 2x

**Generating Cost Savings**
- Exceeded goal to reduce cost by 17%, resulting in $69,757,731 in total savings

**Reducing Unnecessary Testing & Procedures**
- Reduced unnecessary low back pain imaging in 98% of target cases

**Transitioning Practices to APMs**
- Graduated 30% of committed practices to Alternative Payment Models

*Reporting Period: QR13*
Phase Progression-Quarter 13

Our Community’s Transformational Change

Phase 1: 30
Phase 2: 30
Phase 3: 199
Phase 4: 229
Phase 5: 28

Primary Care
Speciality Care
APMs-COSEHC Progress to Date

Demonstrating Success in the APM Transition

1,400 clinicians out of 4,706 clinicians have graduated to APMs representing 257 practice sites.

1670 additional clinicians are scheduled to graduate into APMs by the end of spring 2019.

Primary Drivers for Graduation

**Smaller Sites:**
- ACO Services (care management, population health)
- Financial Sustainability
- Patient Engagement

**Larger Sites:**
- Control Over Costs/Financial Alignment
- National/Payer Support
- Expanded reach

Progress to Date: 4-Year Graduation Goal

<table>
<thead>
<tr>
<th>Year</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
<td></td>
<td>34%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2019</td>
<td></td>
<td></td>
<td></td>
<td>43%</td>
<td></td>
<td></td>
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</table>

Goal
75% of Practice Sites Graduated

*APM Transition Data as of 3/7/2019*
High Performance & APM Readiness

“Our Practice is High Performing”

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

Before QualityImpact: 29%
After QualityImpact: 48%

“Our Practice is Prepared for APMs Due to our Participation in QualityImpact”

- Neutral: 23%
- Agree: 29%
- Strongly Agree: 48%

Before QualityImpact: Neutral: 23%, Agree: 29%, Strongly Agree: 48%
After QualityImpact: Neutral: 23%, Agree: 29%, Strongly Agree: 48%
Reducing Unnecessary Hospital Use

**Hospital Admissions**
Performance Rate/1000

- Baseline: 100.2
- QR13: 83.1

94% progress toward our 4-year commitment

**Hospital Readmissions**
Performance Rate/100

- Baseline: 4.76
- QR13: 4.19

125% progress toward our 4-year commitment
Reducing Unnecessary ED Use & Testing/Procedures

**ED Visits**
Performance Rate/1000

- Baseline: 293
- QR13: 222

190% progress toward our 4-year commitment

**Low Back Pain Imaging**
Performance Rate/100

- Baseline: 32.53
- QR13: 8.04

98.5% progress toward our 4-year commitment
Reducing Cost

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Total Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-Year Commitment</td>
<td>$59,589,852</td>
</tr>
<tr>
<td>QR13</td>
<td>$69,757,730</td>
</tr>
</tbody>
</table>

117% progress toward our 4-year commitment

Cost Savings (Millions)

- Baseline: $3.3
- QR8: $37.2
- QR9: $37.7
- QR10: $43.4
- QR11: $45.9
- QR12: $53.1
- QR13: $69.8
IMPACT ON QUALITY

Blood Pressure Control (PTN)

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>All BP Control 140/90 mmHg</td>
<td>79</td>
<td>84</td>
</tr>
<tr>
<td>All BP Control 130/90 mmHg</td>
<td>54</td>
<td>56</td>
</tr>
<tr>
<td>HTN BP Control 140/90 mmHg</td>
<td>67</td>
<td>74</td>
</tr>
<tr>
<td>HTN BP Control 130/90 mmHg</td>
<td>37</td>
<td>42</td>
</tr>
</tbody>
</table>

Percent Control
IMPACT ON QUALITY

Diabetes Management (PTN)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Baseline</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP 140/90 mmHg</td>
<td>71</td>
<td>76</td>
</tr>
<tr>
<td>BP 130/90 mmHg</td>
<td>42</td>
<td>46</td>
</tr>
<tr>
<td>A1c&lt; 8%</td>
<td>75</td>
<td>79</td>
</tr>
<tr>
<td>LDL &lt; 100 or Statin</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>

Percent Control

- Blue: Baseline
- Yellow: Current
Heart Failure Management (PTN)

**IMPACT ON QUALITY**

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP Control</td>
<td>59</td>
<td>67</td>
</tr>
<tr>
<td>Antithrombin Use</td>
<td>83</td>
<td>89</td>
</tr>
<tr>
<td>Beta Blockade for LVSD</td>
<td>89</td>
<td>93</td>
</tr>
</tbody>
</table>

*Percent Control*
Blood Pressure Control (COSEHC Centers)

- All BP 140/90mmHg: Baseline 81%, Current 82%
- HTN 140/90mmHg: Baseline 70%, Current 73%
- HTN BP 130/90 mmHg: Baseline 39%, Current 41%
EXEMPLARY PERFORMERS

Achieving Benchmark Status Across Key Performance Areas

**QUALITY**

Over 400 practices have demonstrated high performance in **diabetes care, blood pressure control, and heart failure management** through improved care coordination.

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Number of High Performing Practices</th>
<th>Baseline</th>
<th>Jan-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal DM Care</td>
<td>346</td>
<td>65%</td>
<td>79%</td>
</tr>
<tr>
<td>Optimal BP Control</td>
<td>418</td>
<td>68%</td>
<td>83%</td>
</tr>
<tr>
<td>Optimal HF Care</td>
<td>306</td>
<td>64%</td>
<td>88%</td>
</tr>
</tbody>
</table>

**UTILIZATION**

287 practices have demonstrated high performance in **reducing inpatient and ED utilization** through improved access and continuity.

<table>
<thead>
<tr>
<th>Utilization Measure</th>
<th>Number of High Performing Practices</th>
<th>287</th>
<th>179</th>
<th>278</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-Cause Hosp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readmissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED Visits</td>
<td></td>
<td></td>
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</tbody>
</table>

**TRANSFORMATION**

301 practices have demonstrated high performance in transformation through implementation of **shared decision making, performance improvement initiatives, care management & coding optimization education**.

<table>
<thead>
<tr>
<th>Design Strategy</th>
<th>Number of High Performing Practices</th>
<th>135</th>
<th>212</th>
<th>301</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workflow Efficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Mgmt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enhanced Coding</td>
<td></td>
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![Graphs showing quality, utilization, and transformation data](image-url)
EXEMPLARY PERFORMERS

Strategies for Achieving Results

CLINICAL MANAGEMENT

1. Data Transparency
2. Formalized Quality Improvement Process
3. Provider Reports and Clinician Compare
4. Rapid Cycle PDSA Performance Improvement CME

TRANSFORMATION PROGRESS

1. Workflow design and process efficiencies
2. Clinical and Process Guidelines; Subject Expert Coaching
3. Care Management
4. Behavioral Health Integration
5. Pain Management and Opioid Use Strategies

APM READINESS

1. Empanelment
2. Payer Value Program Alignment
3. Post-Acute Network Development
4. AWV, TCM & CCM Integration
5. Billing & Coding Optimization
6. APM readiness consultation
Address Key Barriers to APM Readiness

 Biggest Barriers to Practices’ Ability to Thrive Under APMs

Source: 2018 PTN Member Survey

<table>
<thead>
<tr>
<th>Category</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data/Analytics</td>
<td>“Maximize population health insight from MDInsight”</td>
</tr>
<tr>
<td>Resources to Support Programs</td>
<td>“Better coding and documentation to improve charge capture and compliance”</td>
</tr>
<tr>
<td>Practice Culture</td>
<td>“More provider involvement and monthly team-led meetings”</td>
</tr>
<tr>
<td>IT Capabilities/Decision Support</td>
<td>“Continue to ease the clinical burden of quality reporting via easy-to-use templates”</td>
</tr>
</tbody>
</table>
TRANSFORMED PRACTICES

Value Proposition to Payers & Employers

Our practices are showing sustained results in achieving the Quadruple Aim and are well-positioned for success under value-based payment.

Through their work with QualityImpact, our practices have transformed by:

- Shifting from a culture rooted in *volume* to *value*, with commitments to Quality, the Experience and Efficiency.

- Implementing structure, programs, and processes that systematize appropriate care by the appropriate team member focused on *population health quality*.

- Developing systems to monitor, intervene, and act to avoid unnecessary harm in *utilization* and understand how illness and severity plays a role in population risk and how they get paid.

- Adopting innovative strategies for patient and family engagement to ensure the patient is truly at the center of care.