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**John Lynch, MPH**  
**Vice President, Research and Government Affairs**  
**(860)-284-5288**  
**[jlynch@prohealthmd.com](mailto:jlynch@prohealthmd.com)**



## ProHealth Physicians Facts & Figures

- 389 Care Providers  
(CT's largest primary care group practice)
  - 145 family practice
  - 114 internal medicine
  - 103 pediatrics
  - 27 specialists
- 93 Connecticut locations
- 364,000 patients (about 10% of state's population)
- 1,000,000 patient encounters annually
- State's second largest laboratory
- 1000+ employees

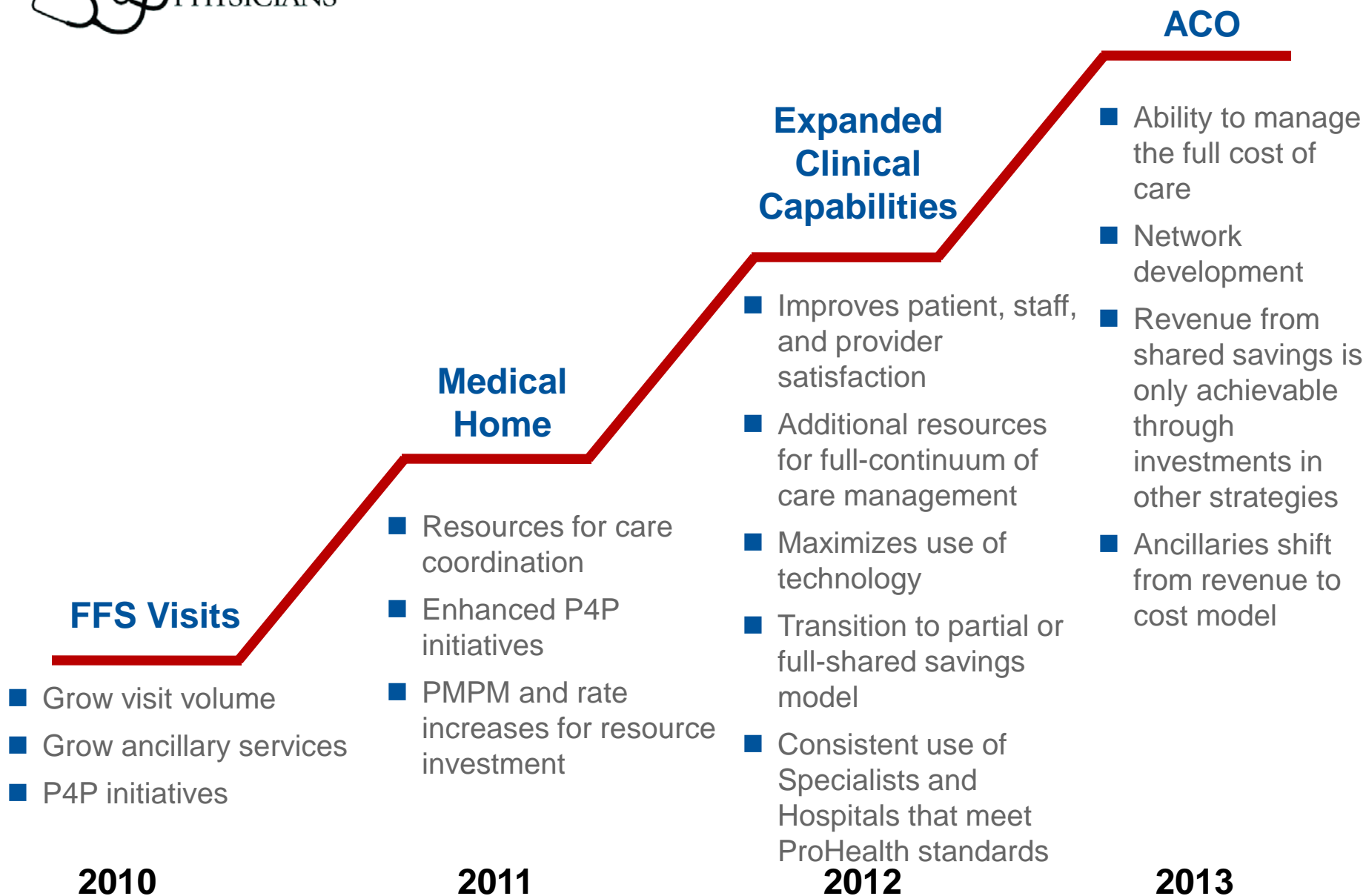


# ProHealth Physicians Partial Case Mix Profile

Disease State (Patient can have more than one)	Total Patients	Total Encounters ( over 3 years)
<b>Respiratory System</b>	<b>166,961</b>	<b>474,964</b>
URI	92,182	163,031
asthma	28,560	71,337
COPD	9,411	39,718
<b>Circulatory System</b>	<b>88301</b>	<b>460,768</b>
Hypertension	72,572	357,414
Ischemic Heart Disease	11,494	42,339
Atrial Fib	7,007	40,817
Heart Failure	4,375	17,154
Cerebrovascular	5,590	16,099
<b>Endocrine, Nutritional, Metabolic Disease</b>	<b>99,207</b>	<b>411,766</b>
Diabetes	23,825	147,226
Dyslipidemia	72,991	261,845
Hypothyroidism	17,334	51,188
<b>Central Nervous System</b>	<b>94,882</b>	<b>208,904</b>
Alzheimer	2,590	10,770
Migraine	8,313	14,881
<b>Mental Health</b>	<b>61,448</b>	<b>163,986</b>
Depression	23,520	54,769
<b>Digestive System</b>	<b>68,108</b>	<b>145,041</b>
<b>Genitourinary System</b>	<b>54,456</b>	<b>106,086</b>
<b>Osteoporosis</b>	<b>14,372</b>	<b>31,091</b>

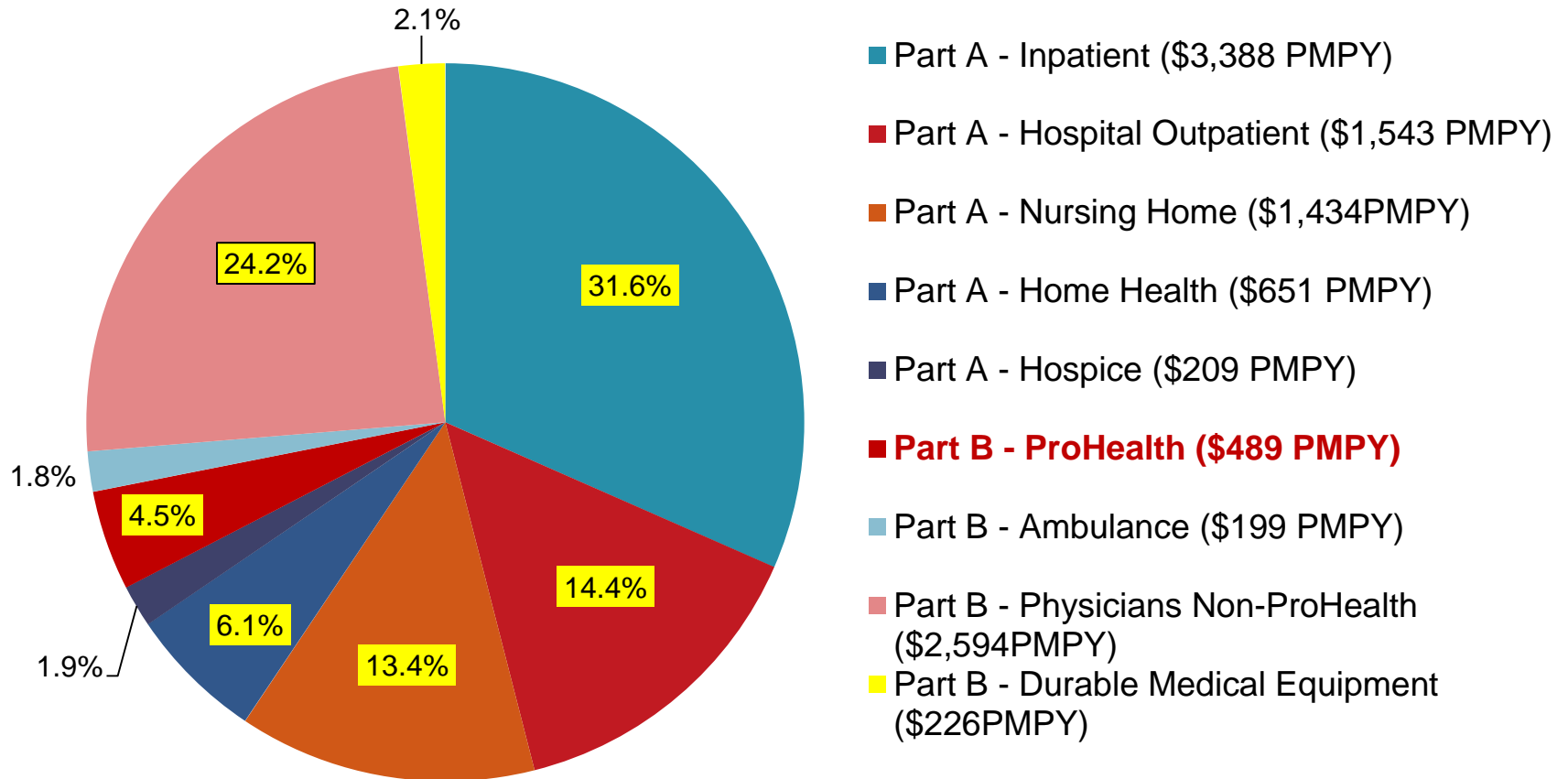


# ProHealth Strategies: Volume to Value





# 2013 Medicare Shared Savings Program (MSSP) Expenditures ProHealth Patients



Medicare Part D (Prescriptions) are excluded from MSSP programs. ProHealth Expenditures make up 4.5% of the overall expenditures of ProHealth beneficiaries. Hospital inpatient and outpatient expenditures make up 46%.



# 2013 MSSP Financial Reconciliation

	Beneficiary Person Years	2010 to 2012 PMPY Benchmark	Risk Adjusted plus Inflation ** Benchmark	Beneficiary Proportions	2013 Actual PMPY	Variance 2013 Actual To Adj. Benchmark	Variance Percent Difference	Contribution To Variance
ESRD	125	\$ 86,692	\$ 84,768	0.004	\$ 93,848	\$ 9,080	10.7%	\$1,135,000*
Disabled	2,855	\$ 9,922	\$ 10,231	0.091	\$ 10,170	\$ (61)	-0.6%	-\$174,155*
Aged/dual	3,543	\$ 14,277	\$ 14,452	0.113	\$ 15,713	\$ 1,261	8.7%	\$4,467,723*
Aged/non-dual	24,797	\$ 8,866	\$ 8,899	0.792	\$ 9,390	\$ 491	5.5%	\$12,175,327*
<b>Totals</b>	<b>31,320</b>	<b>\$ 9,955</b>	<b>\$ 9,952</b>		<b>\$ 10,514</b>	<b>\$ 562</b>	<b>5.6%</b>	<b>\$17,614,421</b>

\* Approximate

\*\* Inflation Factor = 0.49

*ProHealth benchmark expenditures PMPY (\$9,955) were risk adjusted (approximately -0.5%) and inflated to 2013 (+0.49%) to a 2013 rate of \$9,952 PMPY. Actual expenditures ( \$10,514 PMPY) were 5.6% higher.*



## Trend Driver: Utilization Rates (Per 1,000 Person Years)

	2,010	2,011	2,012	2,013	% change 2013/2012
Hospitalizations	355	356	348	325	-6.61%
Emergency Department Visits	726	736	729	706	-3.16%
Computed Tomography (CT) Events	732	600	623	651	4.49%
Magnetic Resonance Imaging (MRI) Events	203	211	214	225	5.14%
Primary Care Services	9,450	9,805	9,984	10,495	5.12%
30-Day All-Cause Readmissions Per 1,000 Discharges	147	149	144	145	0.69%
30-Day Post-Discharge Provider Visits Per 1,000 Discharges	837	845	853	843	-1.17%

\* Based on MSSP Quarterly Reports from CMS

*Change in utilization rates for 2013 compared to 2012 were generally favorable. Hospitalizations were down -6.61% and emergency department visits down -3.16%.*



# Component Expenditures per Assigned Beneficiary

	2,010	2,011	2,012	2,013	% change 2013/2012
<b>Inpatient</b>	3,283	3,291	3,250	3,388	<b>4.25%</b>
Skilled Nursing Facility	1,318	1,434	1,266	1,434	13.27%
<b>Institutional (Hospital) Outpatient</b>	1,209	1,347	1,472	1,543	<b>4.81%</b>
Part B Physician/Supplier	3,060	3,167	3,199	3,282	2.60%
Ambulance	219	210	200	199	-0.57%
Home Health	685	616	629	651	3.42%
Durable Medical Equipment	226	232	238	226	-5.22%
Hospice	174	173	199	209	5.10%
<b>Total</b>	<b>9774</b>	<b>10073</b>	<b>10031</b>	<b>10514</b>	<b>4.81%</b>

*Cost per beneficiary per year increased in inpatient, skilled nursing facility, and hospital outpatient settings in 2013.*





## Trend Drivers – Inpatient Price Paid per Admit

	2012	2013	2013/12
UConn	\$18,705	\$16,914	-10%
Yale New-Haven	\$18,346	\$18,115	-1%
St Francis	\$14,999	\$14,175	-5%
Hartford Hospital	\$12,934	\$14,221	10%
Danbury	\$10,139	\$11,401	12%
Midstate Medical Center	\$9,021	\$9,391	4%
Manchester Memorial	\$8,471	\$9,517	12%
Bristol Hospital	\$7,682	\$8,124	6%
Charlotte Hungerford	\$7,490	\$9,520	27%
Middlesex	\$7,214	\$8,801	22%
<b>Top 10</b>	<b>\$11,209</b>	<b>\$12,085</b>	<b>10%</b>
<b>Remainder</b>	<b>\$10,536</b>	<b>\$11,571</b>	<b>10%</b>
<b>Total</b>	<b>\$10,941</b>	<b>\$12,001</b>	<b>10%</b>

*Payment per inpatient service increased 10% between 2012 and 2013. Since a large volume of ProHealth admits are to Hartford Hospital, Middlesex, and Charlotte Hungerford, their large increases in price in 2013 helped to drive growth in expenditures.*



# Trend Drivers – Market Share of Inpatient Services

## Share of ProHealth Patient Inpatient Services by Year and Facility

	2012	2013	2013/12
Hartford Hospital	22%	26%	14%
Middlesex	11%	11%	0%
Charlotte Hungerford	10%	9%	-10%
Bristol Hospital	9%	8%	-11%
St Francis	7%	7%	-11%
Midstate Medical Center	7%	6%	-13%
Yale New-Haven	6%	6%	4%
Manchester Memorial	4%	5%	14%
Danbury	4%	4%	-4%
UConn	2%	3%	24%
<b>Top 10</b>	<b>82%</b>	<b>84%</b>	<b>2%</b>
<b>Remainder</b>	<b>18%</b>	<b>16%</b>	<b>-9%</b>

*Combination of 10% increase in price and 4% increase in market share by Hartford Hospital contributed to 2013 expenditure increases.*

# ACO Strategies and Tactics

- Transitions in care, care coordination (Hospital, SNF, specialist)
- Complex Case Management, risk segmentation, education...
- Disease management (COPD, CHF, hypertension, diabetes, CKD, oncology...), care pathways
- SNF length of stay reduction
- Steerage to high performing specialists; specialist compacts, care pathways
- Steerage to outpatient settings
- Emergency Department diversion
- Care Gaps/alerts/Quality measures
- Palliative Care counseling, patient centric goal setting
- Generic prescribing
- Prevention: Annual Wellness Visits, flu shots, pneumonia shots
- Smoking cessation, exercise/weight management

# 2013 ACO MSSP Quality Metrics

Domain	Measure Number	Measure Name	All ACO 30th %ile	All ACO 90th %ile	ProHealth	Hartford Healthcare	MPS	PriMed	St Francis HealthCare
Patient/Caregiver Experience	ACO-1	Getting Timely Care, Appointments, and Information	79.53	85.23	85.28	82.51	84.37	82.28	85.16
	ACO-2	How Well Your Doctors Communicate	92.33	94.61	94.09	92.58	93.26	94.76	94.37
	ACO-3	Patients' Rating of Doctor	91.46	93.66	92.8	91.83	91.29	93.51	93.07
	ACO-4	Access to Specialists	84.3	87.78	81.92	83.57	86.64	87.66	85.16
	ACO-5	Health Promotion and Education	56.27	62.92	61.72	62.77	57.5	61.21	57.48
	ACO-6	Shared Decision Making	73.45	77.16	77.01	74.64	73.87	74.68	73.45
	ACO-7	Health Status/Functional Status	69.97	73.51	73.27	71.99	73.71	71.7	72
Care Coordination/Patient Safety	ACO-8	Risk Standardized, All Condition Readmissions	≥15.23	<14.01	14.92	15.42	14.69	15.13	15.17
	ACO-9	ASC Admissions: COPD or Asthma in Older Adults	≥1.32	<0.73	0.99	0.83	1.5	1.36	1.2
	ACO-10	ASC Admission: HF	≥1.31	<0.92	1.22	1.37	1.23	1.01	1.19
	ACO-11	Percent of Primary Care Providers Who Successfully Attested for the EHR Incentive Program Incentive Payment	57.55	89.39	82.07	70.79	21.05	94.23	54.31
	ACO-12	Medication Reconciliation	63.94	99.43	0	95.18	100	13.02	81.56
	ACO-13	Falls: Screening for Fall Risk	22.31	72.68	4.26	55.63	29.11	18.21	27.56
Preventive Health	ACO-14	Influenza Immunization	48.97	76.78	36.72	58.45	59.35	48.7	53.24
	ACO-15	Pneumococcal Vaccination	45.02	81.61	65.2	64.27	47.06	62.64	42.27
	ACO-16	Adult Weight Screening and Follow-up	53.37	83.53	44.68	85.71	55.42	56.44	65.56
	ACO-17	Tobacco Use Assessment and Cessation Intervention	83.33	97.39	27.57	95.48	72.86	81.16	89.4
	ACO-18	Depression Screening	11.72	67.48	35.49	38.24	45.41	0	10.47
	ACO-19	Colorectal Cancer Screening	53.58	77.45	59.31	70.05	55.48	62.07	68.21
	ACO-20	Mammography Screening	55.81	77.69	53.98	65.98	73.85	64.78	64.35
	ACO-21	Proportion of Adults who had blood pressure screened in past 2 years	60.78	98.53	53.83	47.77	87.17	94.73	91.05
At Risk Population	Diabetes Composite	Beneficiaries with diabetes who met of all the following criteria:	16.63	38.05	41.87	35.84	13.4	22.45	25.6
	ACO-22	Hemoglobin A1c Control (HbA1c) (<8 percent)	65.01	80.63	77.33	80.63	35.24	70.69	75.6
	ACO-23	Low Density Lipoprotein (LDL) (< 100 mg/dL)	51.5	67.04	71.2	60.29	29.78	57.7	58.94
	ACO-24	Blood Pressure (BP) < 140/90	67.1	79.2	79.2	72.88	45.41	69.94	75.36
	ACO-25	Tobacco Non-Use	59.64	87.17	80	87.17	45.16	78.11	68.6
	ACO-26	Aspirin Use	69.85	93.1	66.67	83.33	84.38	61.33	77.22
	ACO-27	Percent of beneficiaries with diabetes whose HbA1c in poor control (>9 percent)	≥25.82	<10.12	14.4	14.29	61.04	20.04	17.15
	ACO-28	Percent of beneficiaries with hypertension whose BP < 140/90	65.66	78.78	73.28	69.25	46.59	64.85	69.45
	ACO-29	Percent of beneficiaries with IVD with complete lipid profile and LDL control < 100mg/dl	51.26	69.93	68.25	64.25	19.91	54.05	57.86
	ACO-30	Percent of beneficiaries who use Aspirin or other antithrombotic	73.62	92.07	44.05	86.96	69.03	67.75	78.57
	ACO-31	Beta-Blocker Therapy for LVSD	79.55	95.82	0	70.19	75.68	87.88	88.55
	CAD Composite	Percent of beneficiaries with CAD who met all of the following criteria:	56	80.54	65.81	64.01	27.87	55.76	66.34
	ACO-32	Drug Therapy for Lowering LDL-Cholesterol	66.86	88.51	74.26	75.54	32.75	65.64	79.02
ACO-33	(ACE) Inhibitor or (ARB) Therapy for Patients with CAD and Diabetes and/or (LVSD)	65.56	86.38	63.41	63.64	69.7	71.61	66.33	

## Opportunities for Collaboration

- Health Information Exchange
  - Daily Census
  - Registries (i.e. MOLST, care plans)
- Resources, support systems
  - Care teams, communications, telemedicine
- Care Coordination across continuum
  - Hospitals
  - Nursing Homes
  - Home Care
  - Specialists
- Training current workforce
- Payment reform (PMPM, telemedicine, new technology)