

# Clinical Integration at Memorial Hermann

Shawn Griffin, MD

CQIO – MHMD, Memorial  
Hermann Physician Network

[Shawn.griffin@memorialhermann.org](mailto:Shawn.griffin@memorialhermann.org)

# Description

- In this case study presentation, Dr. Griffin will share how his system is preventing duplication of efforts between their new ACO structure, existing employed physician groups and current hospital structure. Dr. Griffin will demonstrate how avoiding inefficient and confusing structures while managing political and turf issues can be a continuous challenge, but also provide lessons learned on how the group has integrated their clinical committees to address this issue.

# Agenda

Introduction

Overview of Memorial Hermann and MHMD,  
*The Memorial Hermann Physician Network*

Clinical Integration Success

Aligning Incentives with System

Advanced Primary Care Practice

MH Accountable Care Organization

Physician Incentives

# Lessons Learned

- Communicate and develop physician leaders
- Physicians solve problems—Let them
- Employment  $\neq$  Alignment
- Your first incentive is your most important
- Clinical Integration is a strategy, not a “letter jacket.”

- Largest non-profit healthcare system in Texas with 129 sites across Houston
- 5,000 practicing physicians
  - Partnership with the University of Texas Health Science Center of Houston
  - 9 Acute Hospitals, 3 Heart & Vascular Institutes
  - Dedicated Children's & Rehabilitation Hospitals
  - 98 Outpatient Sites: Ambulatory Surgery, Imaging, Sports Medicine, Lab
  - Sports Medicine, Neuroscience COE's
  - One of the nations busiest Trauma programs

# Recent Accolades

Ranked Among the Nation's  
**TOP 5**  
LARGE HEALTH SYSTEMS

15 Top Health Systems;  
Top 5 Large Health Systems



Texas Health Care  
Quality Improvement  
Awards (9 Memorial  
Hermann Campuses)



Healthcare's "100  
Most Wired" 7<sup>th</sup>  
consecutive year



TIRR Memorial  
Hermann Ranked # 3  
by U.S. News and  
World Report



Texas Hospital  
Association Bill Aston  
Quality Award



HealthGrades®

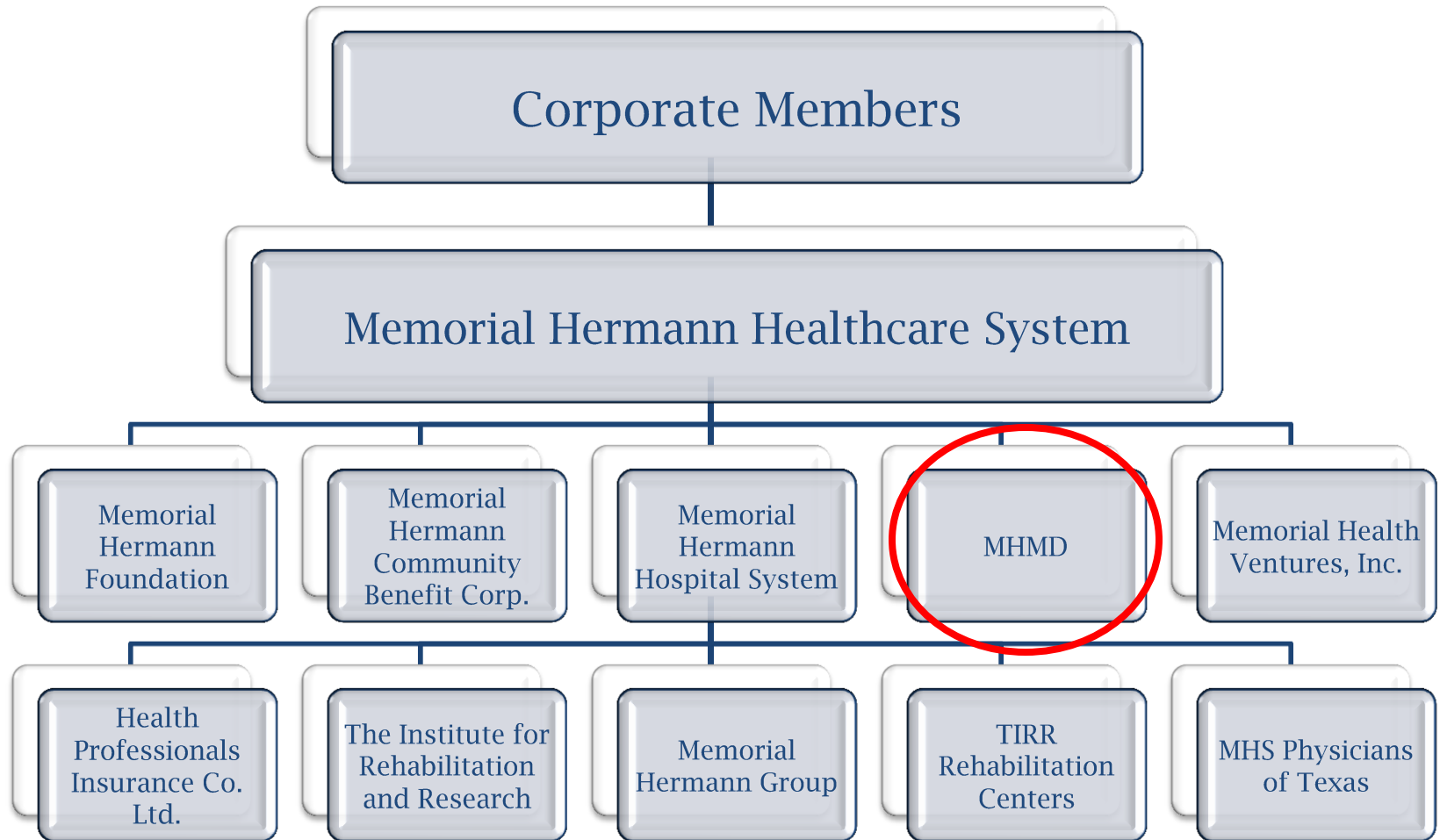
- America's 50 Best Hospitals (2010, 2011 & 2012)
- Distinguished Hospital for Clinical Excellence



Houston Business  
Journal (HBJ) No. 5  
Best Places to Work

- Includes 3,900 Physicians
  - Employed < 200
  - University of Texas  $\approx$  650
  - Clinically Integrated  $\approx$  2400 (> 500 PCP's)
- Average Practice Size = 1.8 Physicians
- 24 Member All-physician Board of Directors

# Memorial Hermann Corporate Structure





# MHMD History



## **1982-2004:** Messenger Model IPA

- Most Memorial Hermann Physicians are members (account for 90% of admissions)
- Successful in managed care contracting until FTC order against
- “Arms-length” relationship with MH System
- Standardizes system formulary through CPC structure
- Subsidizes EMR deployment to independent physicians

**2005:** MHMD Board commits to Clinical Integration (CI) as the model for quality, cost efficiency and managed care contracting

**2008:** MHMD Compact articulates organizational and physician commitments

- First contract with hospital system employees (a willing partner) for shared savings program
- First 1200 sign Network Participation Agreements

# MHMD History

- **2009**: 2100+ physicians in CI
  - Quality measures defined and reporting begins
  - First CI contract provides higher reimbursement and bonus for CI doctors, but few other contracting successes
  - System Quality Board designates MHMD Clinical Committee as source of EBM Order Sets and Quality Standards
- **2011**: MHMD – MHHS commitment statement
  - Patient-Centered Medical Home initiative launched.
  - MH ACO formed
- **2012**: “One Memorial Hermann” Vision
  - Expansion of ACO contracting – MSSP Program
  - Largest commercial contract in our history.

# Commitment: *MHMD-Physician Compact*

## MHMD agrees to:

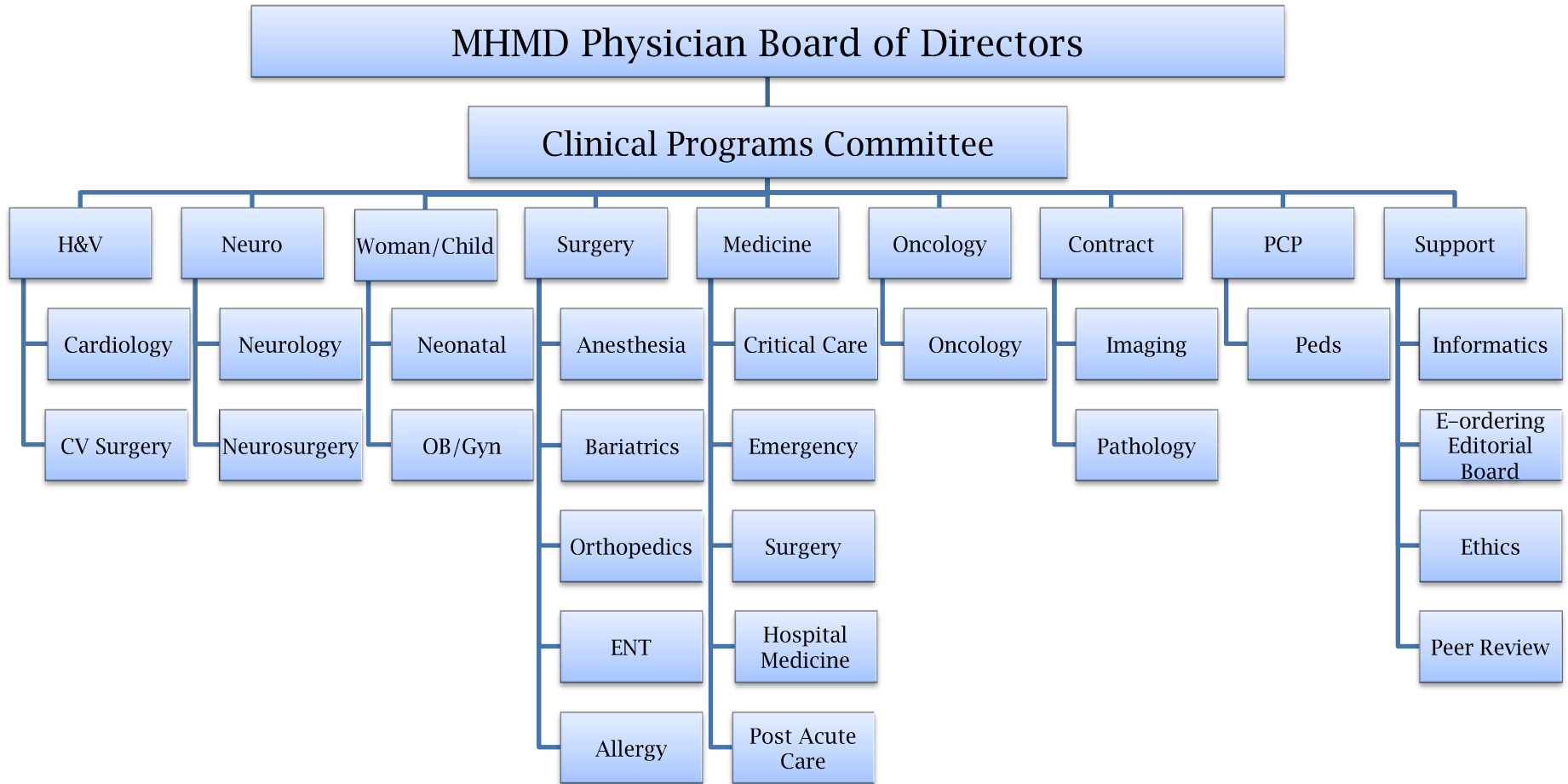
- Maintain primary *loyalty* to physicians
- Negotiate well to *align incentives*
- Include physicians in work and decision making
- Provide *clear and timely information*
  - Membership Criteria, Quality Measure Scoring
  - Accountability / Improvement Process
  - Contract, Financial Performance
- Provide physicians with information, services, and education to ensure high quality and ease practice burdens
- Seek feedback from its physicians
- Maintain confidentiality
- Communicate, communicate, communicate with physicians
- Make meetings worthwhile and engaging
- Create leadership training programs

# Commitment: *MHMD-Physician Compact*

## Physicians agree to:

- Practice evidence-based medicine
- Uphold regulatory, quality, and safety goals
- Report quality data
- Meet CI criteria
- Come to meetings and performance feedback sessions
- Pay attention to information from MHMD
- Accept decisions by physicians in MHMD committee settings
- Be flexible, share ideas
- Collaborate with colleagues and hospitals
- Behave as professionals

# Clinical Programs Committee Structure (2009–2012)



# HOW WE COMMUNICATE WITH PHYSICIANS

# Why Change?









# Physicians in 2012

Change is here, but its just the beginning

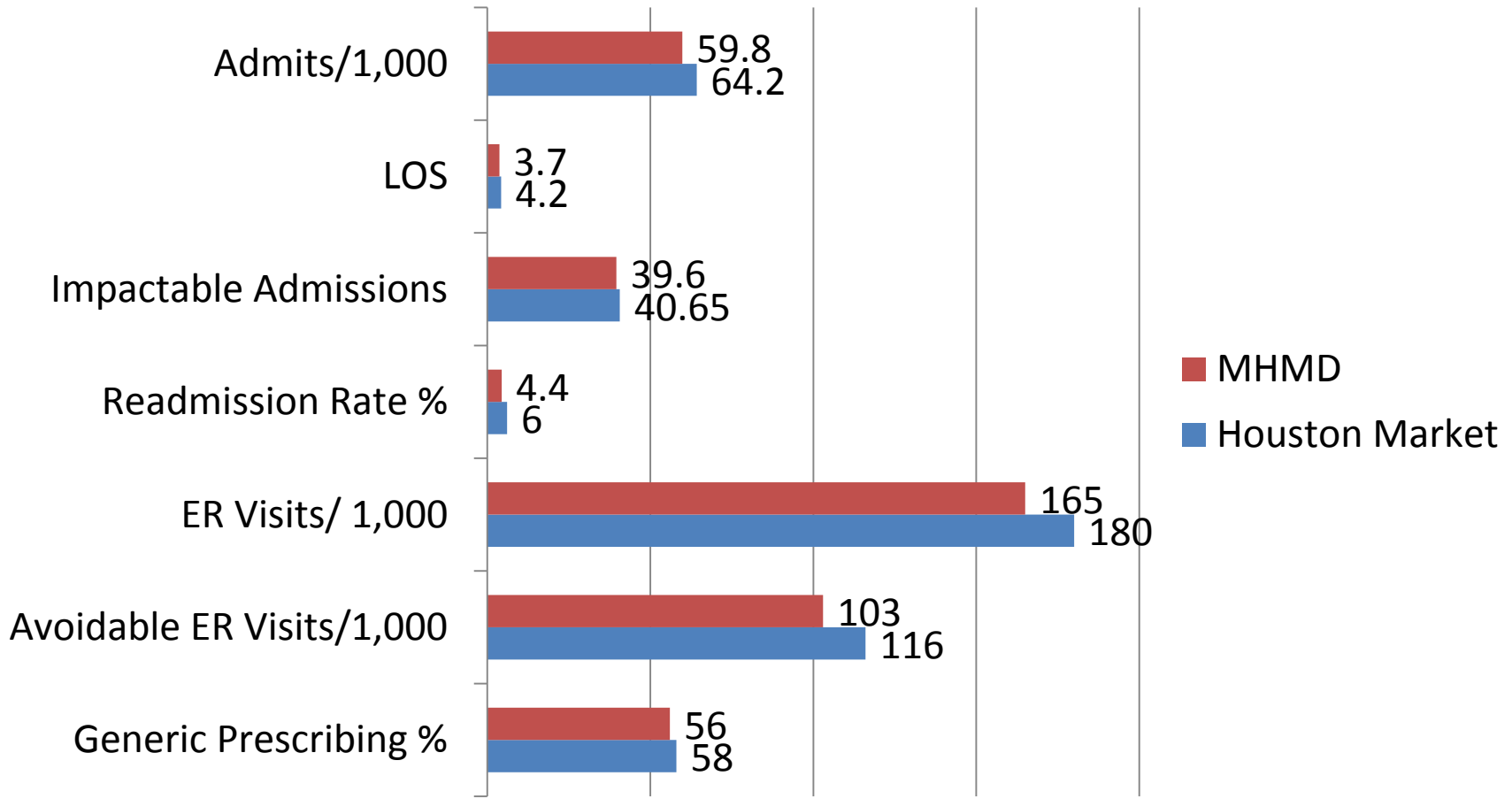
1. Quality is measured by **outcomes** (not by volume, diligence, or even skill)
2. **Value** in health care means achieving good outcomes as efficiently (cheaply) as possible.
3. **Teamwork** is required (coordination, information sharing, goal setting, accountability).

*Many physicians can not keep up– small practice, patient volume, low reimbursement: infrastructure needs are too great.*

# CI Requirements

- At first-- physicians willing to be measured (a direct appeal to the ethos of physicians) and improve
- Must report PQRS, attest for meaningful use or receive Medicare levy
- Now requires an up front commitment in infrastructure (EMR) and 3 months reporting
- Compliance with programs, including compact, use of tools we provide, collaborate with care managers
- Remediate when needed
- Signed participation agreement with built in performance standards to maintain membership

# CI Performance (2011)



# Evolution of CI Bonus

- Year 1
  - 50% Reporting Quality Metrics
  - 50% CME Completion
- Year 2
  - 50% Reporting Quality Metrics
  - 25% CME Completion
  - 25% Campus-Based Order Set Usage

# Order Set Usage Project 2011

- Analysis of high volume DRGs established priorities:

- Objectives include:
  - Improved Outcomes
  - Lower LOS
  - Lower Readmissions
  - Lower Mortality
  - Lower Costs

MS DRG DESCRIPTION	MS DRG	GRAND TOTAL
<b>HIGH FOCUS DRGs</b>		<b># of Admissions</b>
Heart Failure	(291, 292, 293)	2,260
COPD	(190, 191, 192)	1,617
Chest pain	313	5,296
GI Hemorrhage	(377, 378, 379)	1,208
Sepsis	(870, 871, 872)	2,286
<i>Kidney UTI</i>	<i>(689, 690, 695, 696)</i>	1,610
Pneumonia	(193, 194, 195)	1,779

- Executives on each campus have incentive with physicians
- Campus specific reports go out monthly
- Lists performance by physician with order sets
- **Scalable/replicable process across system and clinical services**

# Order Set Eligible Admissions and Usage

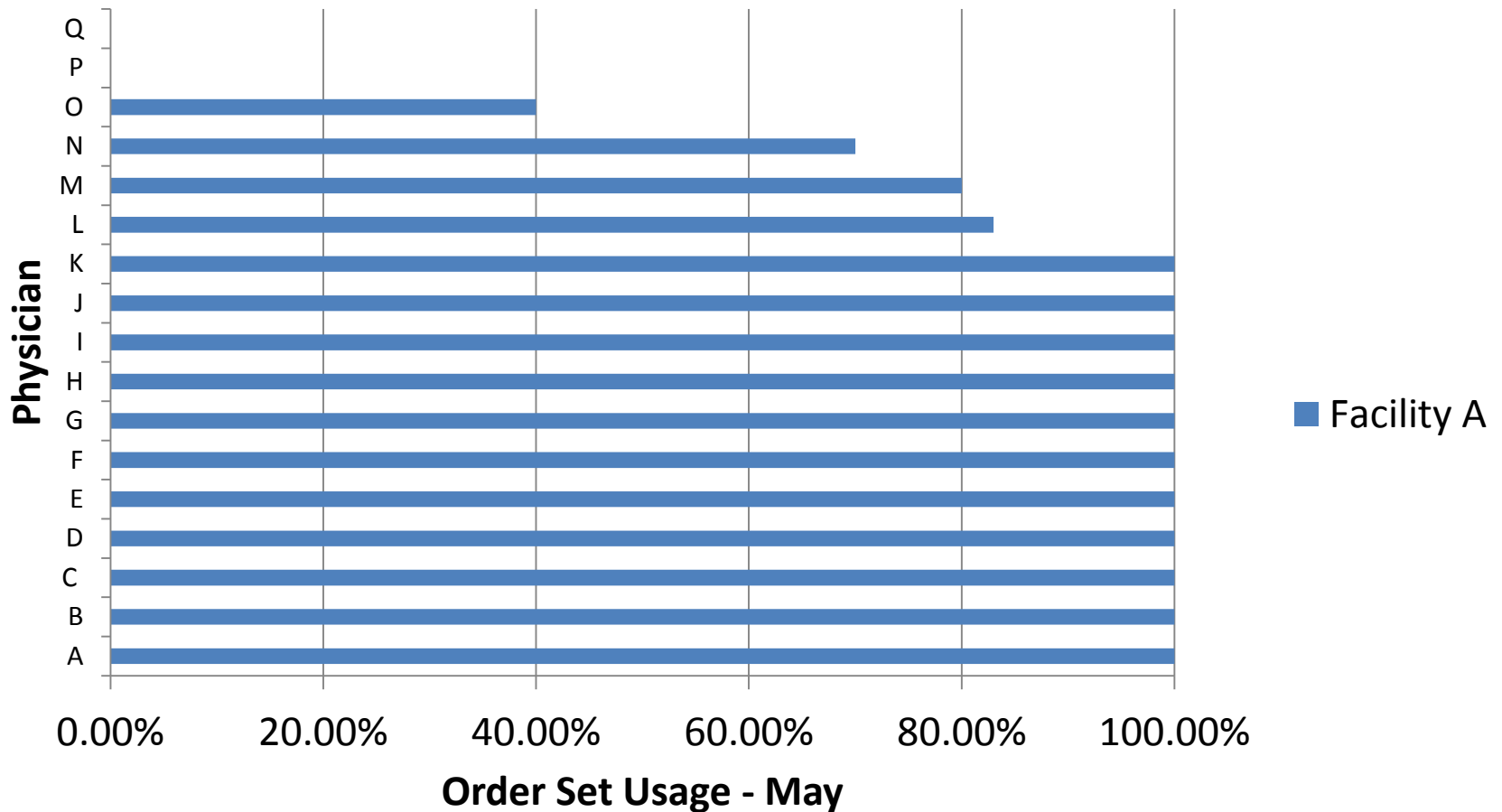


<b>“BIG DOT” ORDER SETS</b>		
<b>Disease category</b>	<b>Electronic MPP Order Sets</b>	<b>Paper Order Sets</b>
<b>Heart Failure</b>	Heart Failure Admission MPP	Heart Failure Admission
<b>COPD</b>	ED Asthma/COPD Quickset MPP COPD Admission MPP	ED COPD Quickset COPD Admission
<b>Chest Pain</b>	ED Chest Pain Quickset MPP Chest Pain Low Risk Admission MPP	ED Chest Pain Quickset Chest Pain Low Risk Admission
<b>GI Hemorrhage</b>	GI Bleed Lower Admission MPP GI Bleed Upper Admission MPP	GI Bleed Lower Admission GI Bleed Upper Admission
<b>Septicemia</b>	Sepsis MPP	Sepsis
<b>Pneumonia</b>	ED Pneumonia Quickset MPP Pneumonia Community Acquired Admission MPP Pneumonia Healthcare Associated Admission MPP Pneumonia Healthcare Associated Add-on MPP	ED Pneumonia Quickset Pneumonia Admission

- All admissions assessed by case managers for inclusion by 24 hours
- Paper order set usage noted in case management system
- CPOE order set usage tracked in EMR
- Monthly reports to campus with individual physician usage tracked

# Order Set Campus Report

## Facility A





# Order Set Usage

Campus	1/2011	2/2011	3/2011	4/2011	5/2011	6/2011
A	77%	84%	83%	83%	87%	91%
B	29%	30%	29%	39%	29%	30%
C	86%	93%	94%	93%	91%	70%
D	5%	4%	4%	29%	55%	66%
E	81%	83%	88%	87%	84%	90%
F	42%	58%	61%	56%	51%	49%
G	81%	83%	77%	78%	74%	85%
H	32%	35%	43%	59%	63%	72%
I	48%	58%	66%	51%	66%	60%
<b>SYSTEM</b>	<b>48%</b>	<b>52%</b>	<b>54%</b>	<b>60%</b>	<b>64%</b>	<b>66%</b>

# Order Set Results

## Excluding Top 5% Costs - Jan - June 2011

Diagnosis	Values	Order Set	No Order Set	Total
Chest Pain	Patients	751	621	1,372
	Avg. Direct Costs	91%	111%	100%
	LOS	3.4	3.7	3.5
COPD	Patients	153	230	383
	Avg. Direct Costs	99%	101%	100%
	LOS	4.2	3.5	3.8
GI Hemorrhage	Patients	135	242	377
	Avg. Direct Costs	95%	103%	100%
	LOS	3.8	4.1	4.0
Heart Failure	Patients	143	165	308
	Avg. Direct Costs	87%	112%	100%
	LOS	4.9	5.1	5.0
Pneumonia	Patients	292	225	517
	Avg. Direct Costs	99.8%	100%	100%
	LOS	4.8	4.6	4.7
Sepsis	Patients	105	134	239
	Avg. Direct Costs	96%	103%	100%
	LOS	6.2	7.1	6.7

# Order Set Results

## Excluding Top 5% Costs - Jan - June 2011



<b>Overall Project</b>	<b>Order Set</b>	<b>No Order Set</b>	<b>Total</b>
Patients	1,579	1,617	3,196
Avg. Direct Costs	93%	107%	100%
LOS	4.1	4.3	4.2
Cost Variance with Order Set	-15%		
LOS Variance with Order Set	-5%		

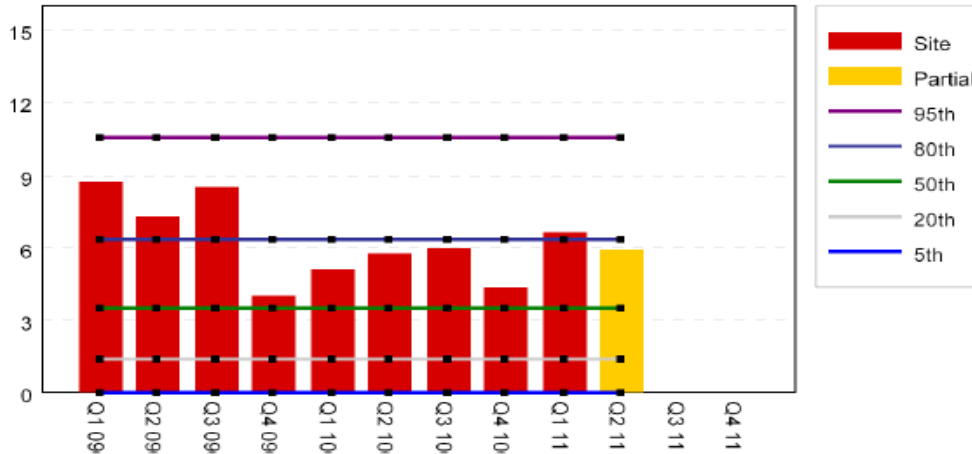
# Eureka!

- Physician participation in system initiatives
- Aligned financial incentives for everyone involved from facility executives to practicing independent physicians
- Demonstrable behavior change to achieve improved quality and efficiency

# Inpatient Quality and Safety Initiative (IPQS)

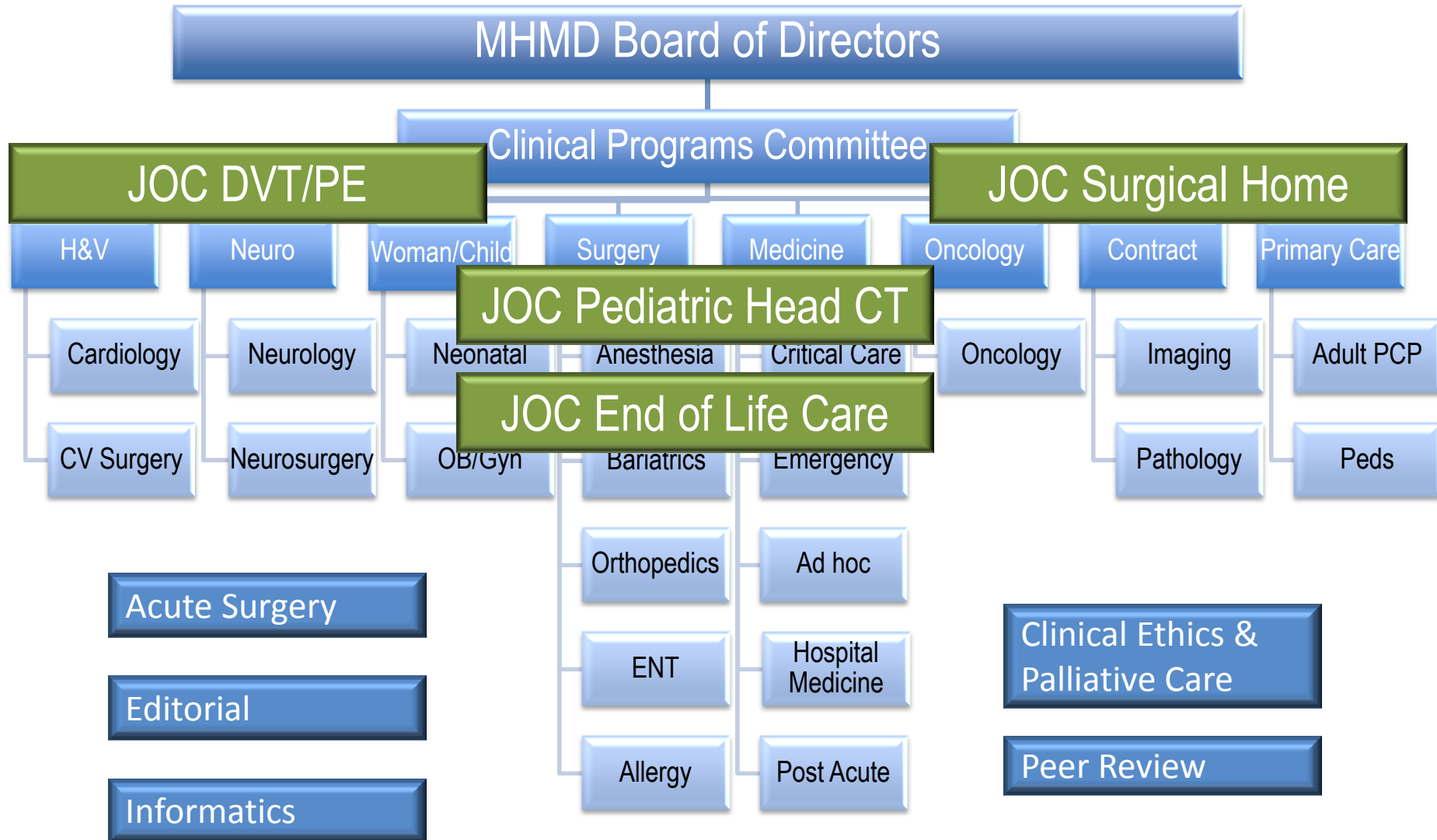
- **Improve Clinical Quality and Safety (HAI/PSI/NE) : Reduce Related Costs**
  - FY 2010 and FY 2011 costs determined
- **Reduce Serious Safety Events – Reduce Related Costs**
  - OB
  - Central Line Placements
  - Surgical Site Infections
  - DVT/VTE
- **Improve Quality and Safety Scores Against National Benchmarks**

## Example: PSI 12 - Postoperative Pulmonary Embolism or Deep Vein Thrombosis



	Site Value	Site Percentile	20th	50th	80th	95th
<b>Q2 11</b>	<b>5.94</b>	76th	1.40	3.52	6.38	10.60
Q1 11	6.66	81st	1.40	3.52	6.38	10.60
Q4 10	4.40	61st	1.40	3.52	6.38	10.60
Q3 10	6.01	78th	1.40	3.52	6.38	10.60
Q2 10	5.80	75th	1.40	3.52	6.38	10.60
Q1 10	5.12	68th	1.40	3.52	6.38	10.60
Q4 09	4.02	56th	1.40	3.52	6.38	10.60
Q3 09	8.51	90th	1.40	3.52	6.38	10.60
Q2 09	7.34	86th	1.40	3.52	6.38	10.60
Q1 09	8.76	92nd	1.40	3.52	6.38	10.60

# Clinical Programs Committee

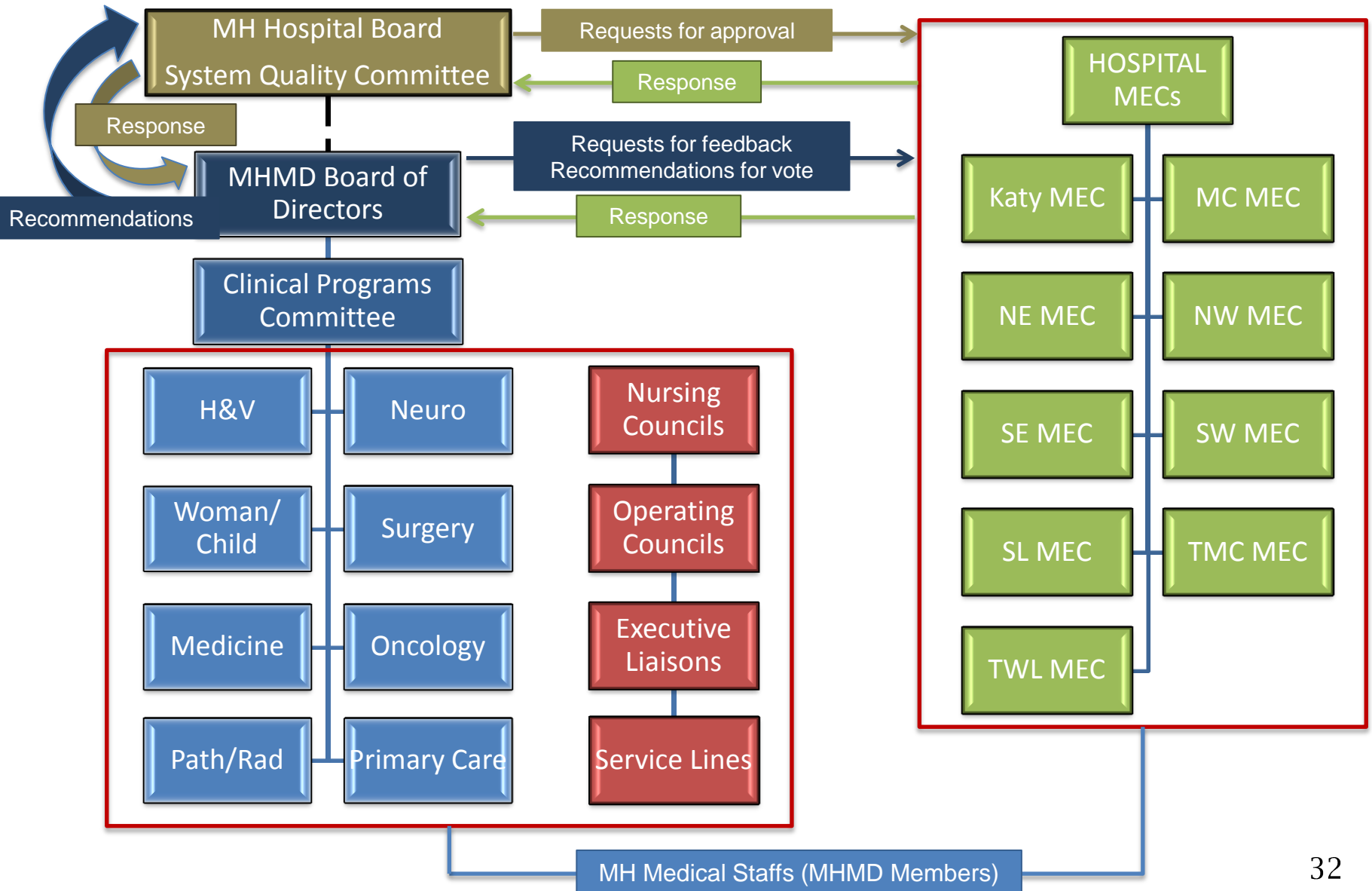


## Cardiovascular Services

## JOC- DVT/PE

- Review
  - individual data by campus
  - overall campus data on mortality, renal failure, vascular complications monthly
- Physician Champions by campus
- Establish rapid response team for palliative care
- Standardized pre-op STS assessment
- Approved credentialing and privileging document for Cardiothoracic and Vascular Surgery Service
- Attending physicians are accountable for completion of the DVT risk assessment/Advisor which is **mandatory**.
- Alert to nursing task list if advisor not complete
- Development of correct timing/dose mapping in EMR:
  - 12 hours pre surgery; 2-12 post operatively
- Metrics reported monthly
- CME program (mandatory)
- Marketing effort
- Pop up alert until completed

# CPCs: Connecting to the System Board and the Hospital Medical Staffs/MECs





# Inpatient Quality and Safety- IPOS



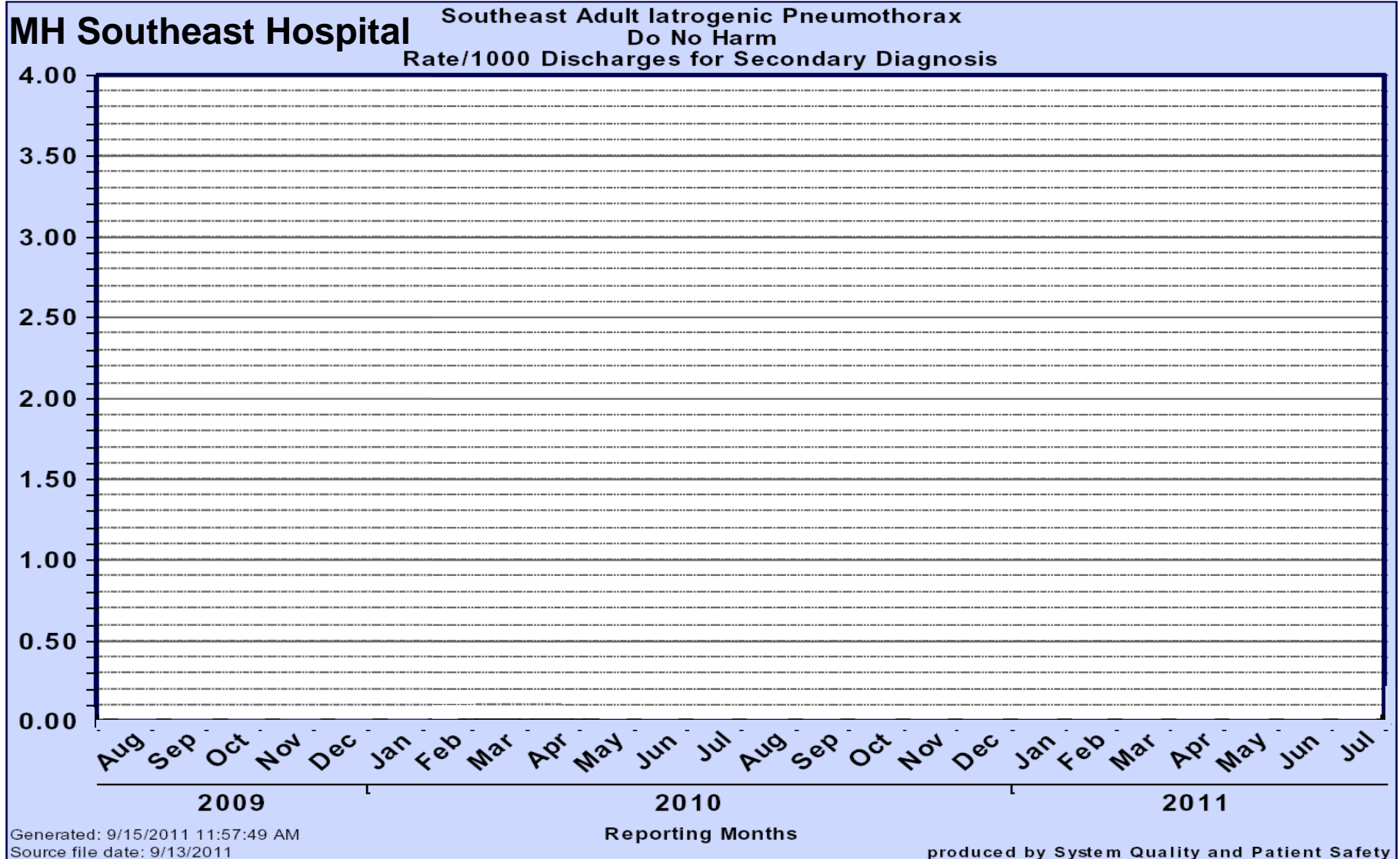
- **Standard Order Set Usage**
  - > 60% by campus (or e ordering 75% by hospital)
- **System Adult IP Iatrogenic Pneumothorax**
  - Rate/1000 Discharges for Secondary Diagnosis
- **System Adults PPE/DVT**
  - Rate/1000 Surgical Discharges with an Operating Room Procedure
- **CLABSI, SSI, & VAP Rollup - (HAI Roll-up)**
  - Rate/1k line days + Rate/1k vent days + Rate/100 surgeries
- **Saving Lives - Serious Safety Events**
  - Rate/1000 Adjusted Patient Days
- **OB Initiative: APS Obstetrics Curriculum Path**
  - Rapid CME Compliance

# Inpatient Quality and Safety Initiative Update

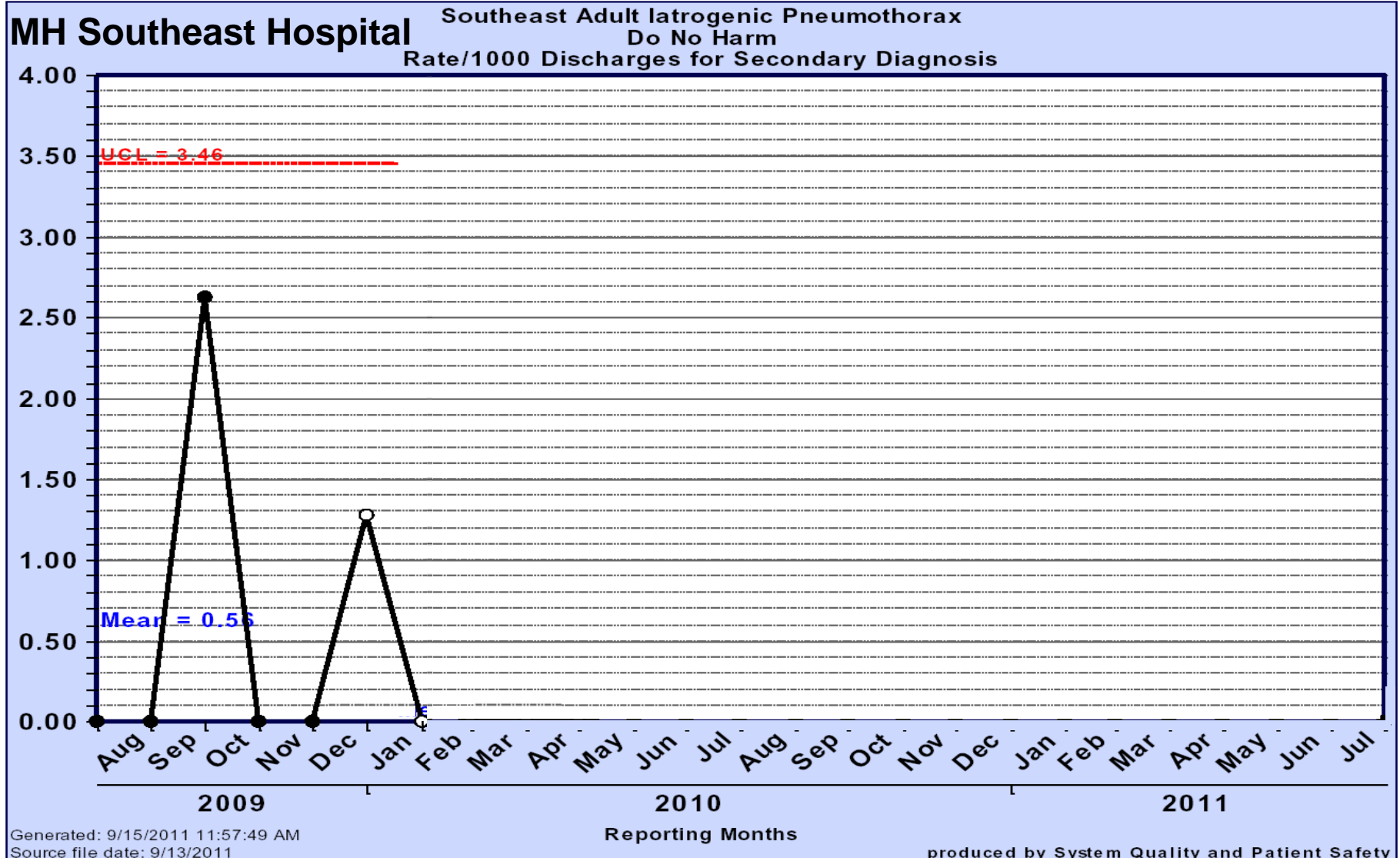
Campus	E-Orders / Order Sets	Iatrogenic Pneumx	DVT / PPE	Hospital Acquired Infections	Serious Safety Events	Projected Award per Physician
A	✓	✗	✗	✓	✓	\$1,500
B	✓	✓	✓	✓	✓	\$2,500
C	✓	✓	✓	✓	✓	\$2,500
D	✓	✓	✓	✓	✓	\$2,500
E	✓	✓	✓	✓	✓	\$2,500
F	✓	✓	✓	✓	✓	\$2,500
G	✓	✗	✓	✓	✓	\$2,000
H	✓	✓	✓	✓	✓	\$2,500
I	✓	✗	✓	✗	✓	\$1,500
Total	9	6	8	8	9	

**HOW PHYSICIANS +  
ADMINISTRATORS = “ZERO”  
IS A GOOD THING**

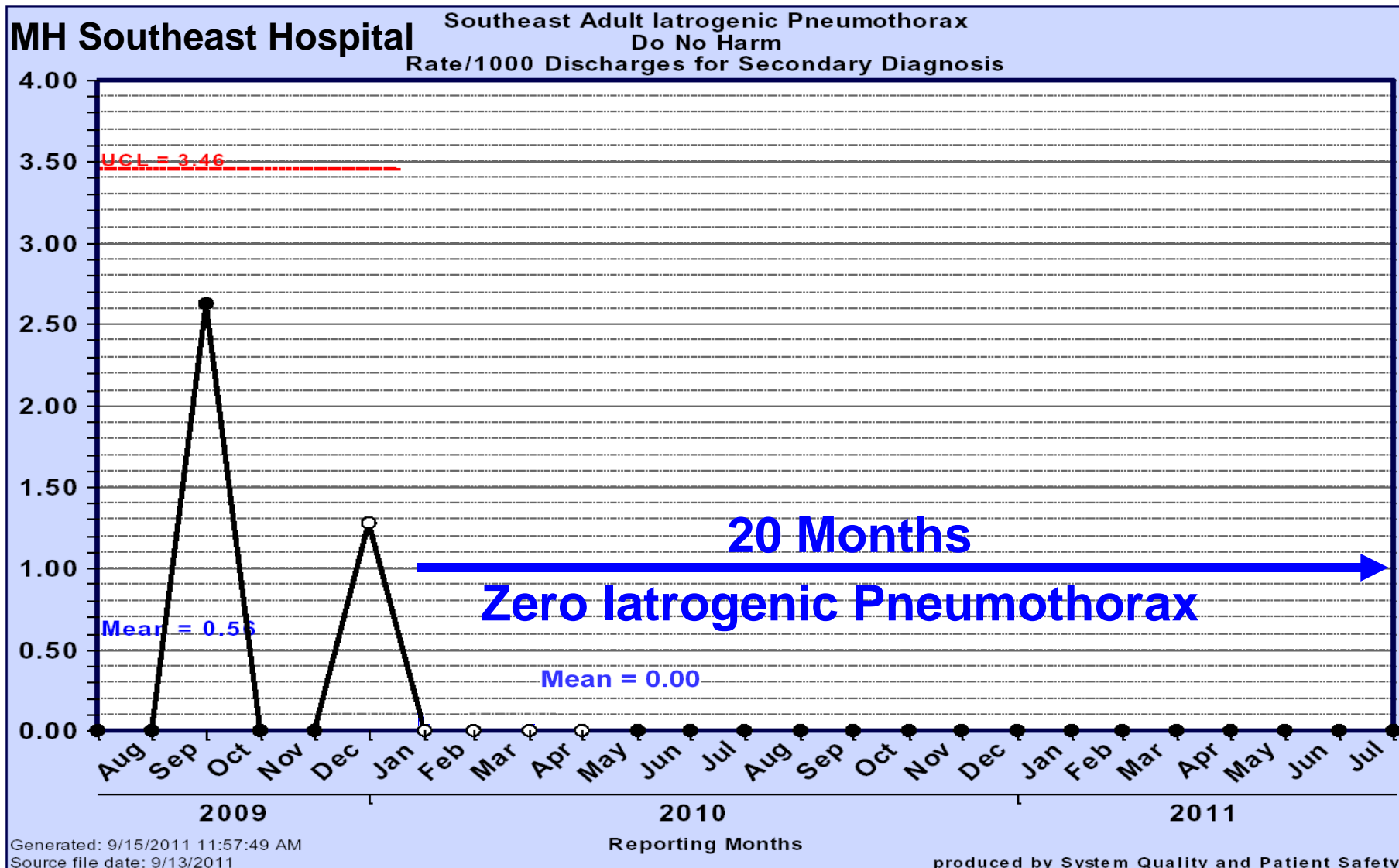
# Iatrogenic Pneumothorax (Southeast)



# Iatrogenic Pneumothorax (Southeast)

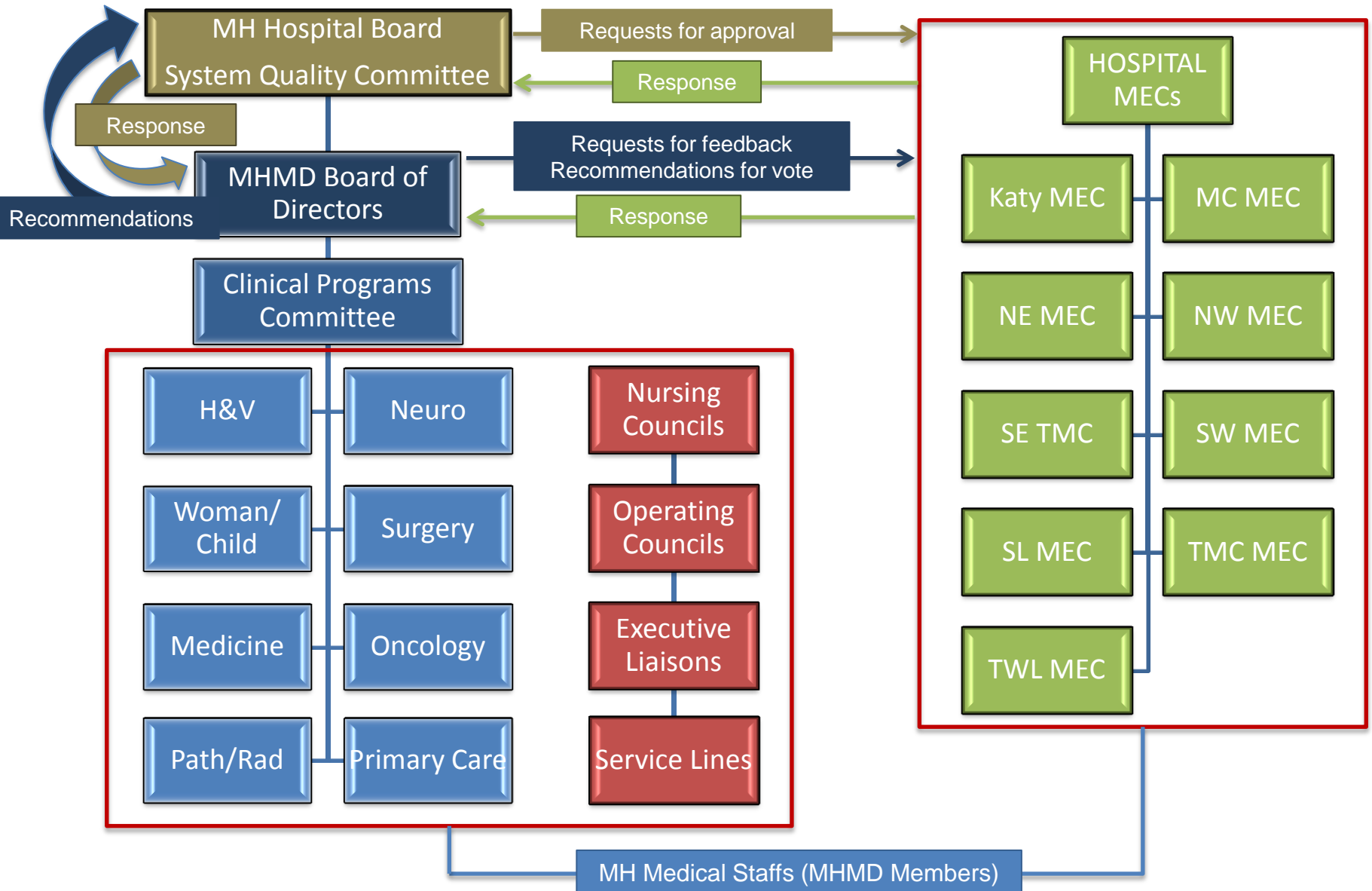


# Iatrogenic Pneumothorax (Southeast)



1. Surgical cases should not close until counts correct
2. Nurse is “not to help” close patient
3. RFID equipment added to check for “lost” sponges
4. Following standard is “Condition of Employment” for nurses. Nurse will be dismissed if case closed.

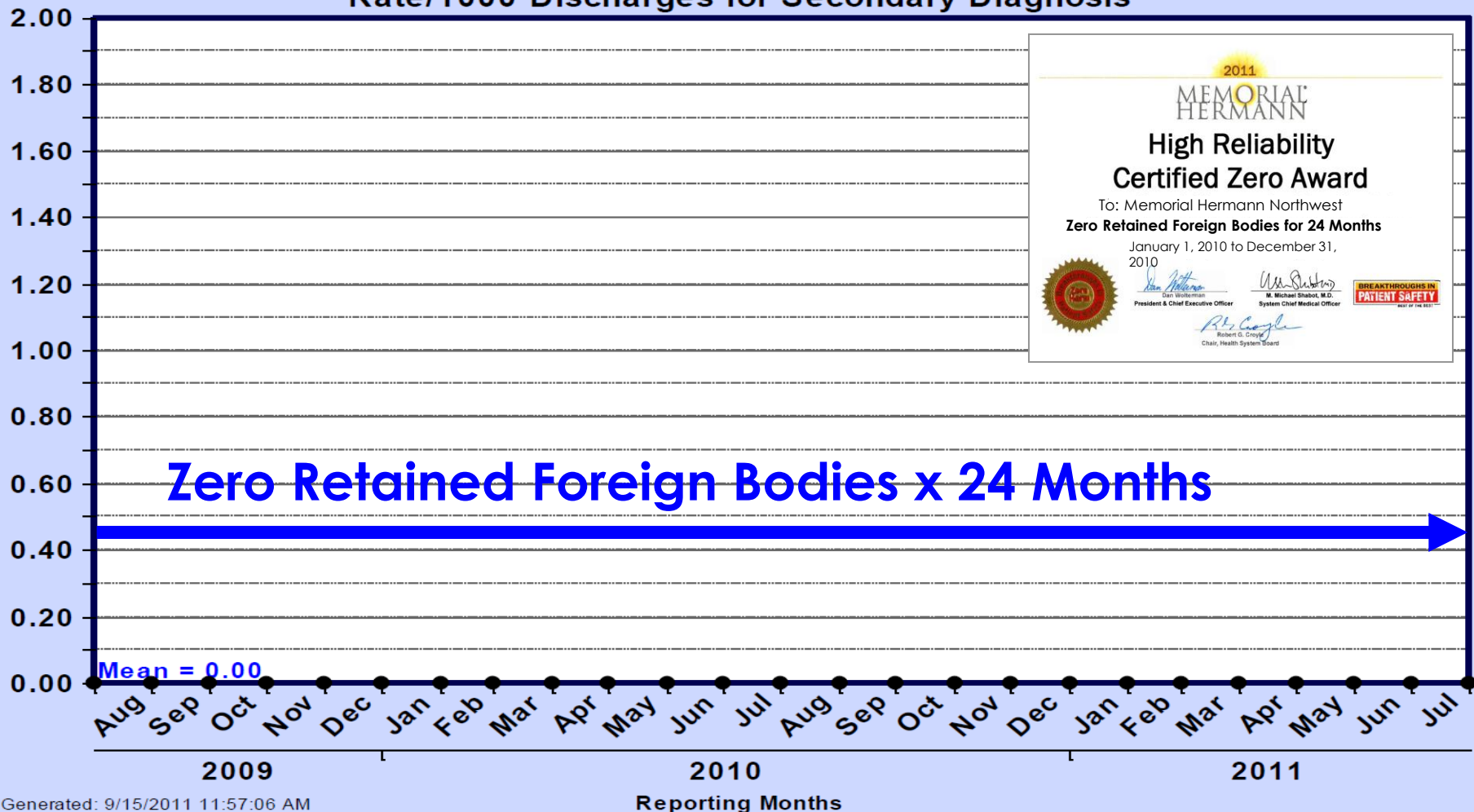
# CPCs: Connecting to the System Board and the Hospital Medical Staffs/MECs



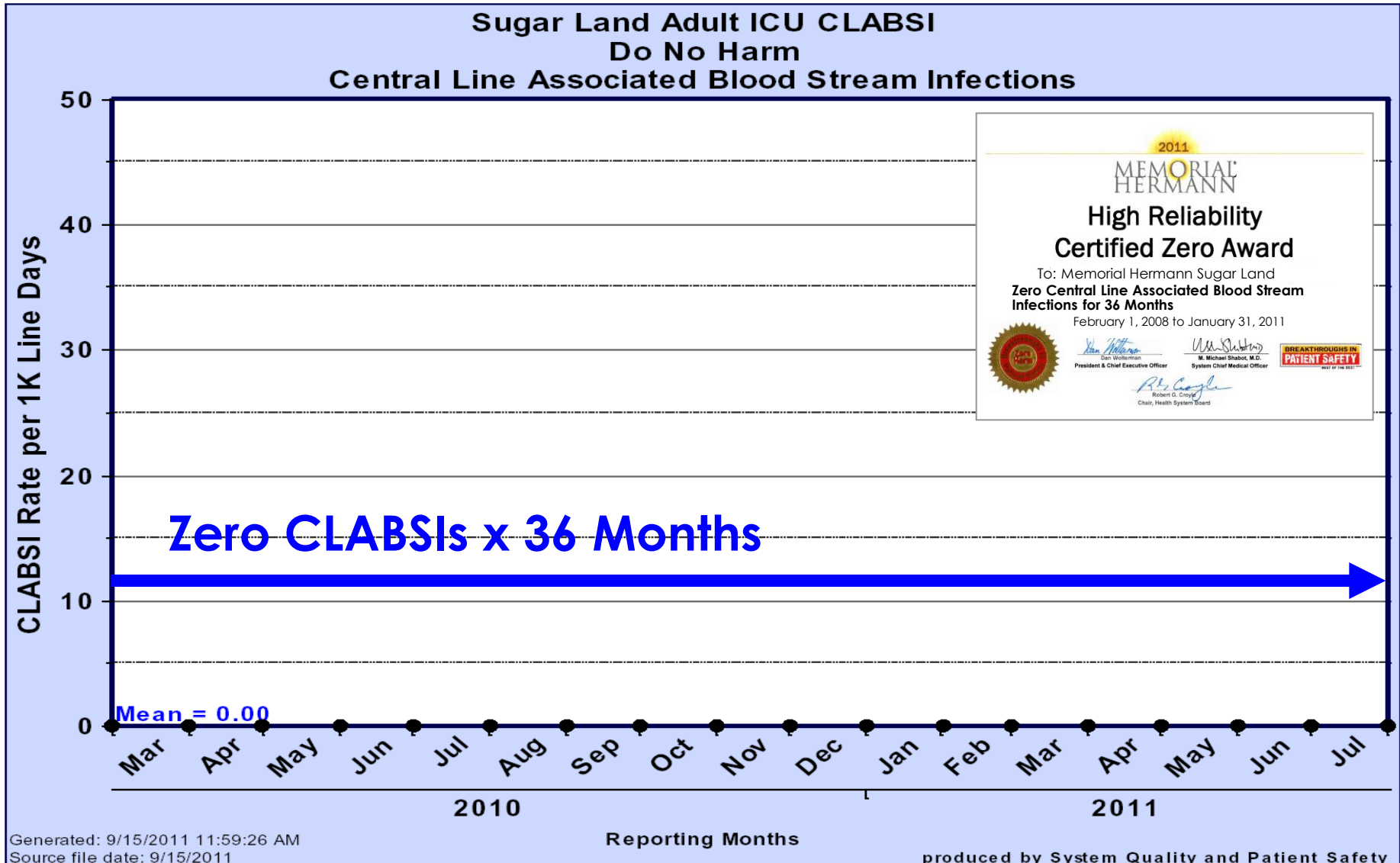


# Zero Retained Foreign Bodies (Northwest)

Northwest Adult FB  
Foreign Body Left During Procedure  
Rate/1000 Discharges for Secondary Diagnosis

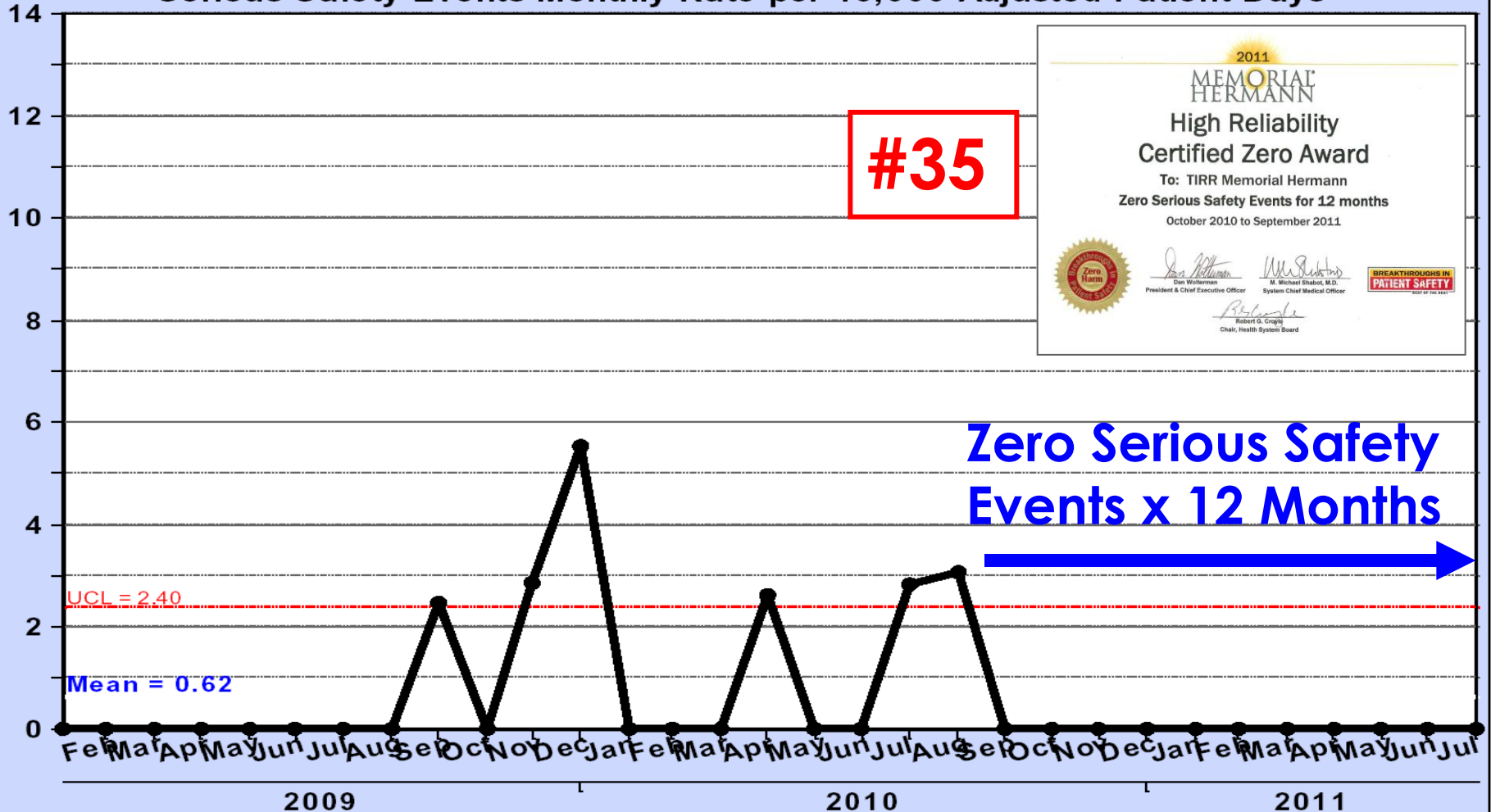


# Zero Central Line Blood Stream Infections (Sugar Land)



# Zero Serious Safety Events (TIRR)

**TIRR SSE Monthly Rate**  
Serious Safety Events Monthly Rate per 10,000 Adjusted Patient Days



**#35**



**Zero Serious Safety  
Events x 12 Months**



# Certified Zero Awards To Date:

#	Measure	Facility	Award Date
1	Ventilator Associated Pneumonia	Sugar Land	10-Dec
2	Ventilator Associated Pneumonia	Katy	10-Dec
3	Ventilator Associated Pneumonia	Memorial City	10-Dec
4	Ventilator Associated Pneumonia	Children's	10-Dec
5	Ventilator Associated Pneumonia	TIRR	10-Dec
6	Retained Foreign Body	Sugar Land	10-Dec
7	Retained Foreign Body	Katy	10-Dec
8	Retained Foreign Body	Memorial City	10-Dec
9	Retained Foreign Body	Northwest	10-Dec
10	Retained Foreign Body	The Woodlands	10-Dec
11	Birth Trauma	Southeast	10-Dec
12	Birth Trauma	Sugar Land	10-Dec
13	Iatrogenic Pneumothorax	Sugar Land	10-Dec
14	Iatrogenic Pneumothorax	Children's	10-Dec
15	Iatrogenic Pneumothorax	TeamHealth	10-Dec
16	Pressure Ulcer	Katy	10-Dec
17	Pressure Ulcer	Northwest	10-Dec
18	Pressure Ulcer	Southwest	10-Dec

# Certified Zero Awards To Date:

#	Measure	Facility	Award Date
19	Pressure Ulcer	Sugar Land	10-Dec
20	Pressure Ulcer	The Woodlands	10-Dec
21	Pressure Ulcer	Children's	10-Dec
22	Falls & Trauma	Sugar Land	10-Dec
23	Central Line Infection	Sugar Land	11-Jan
24	Iatrogenic Pneumothorax	Southeast	11-Jan
25	Pressure Ulcer	Memorial City	11-Jan
26	Falls & Trauma	The Woodlands	11-Jan
27	Central Line Infection	Katy	11-Mar
28	Birth Trauma	The Woodlands	11-Apr
29	Central Line Infection	Northwest	11-May
30	Retained Foreign Body	Southwest	11-May
31	Retained Foreign Body	Children's	11-Jun
32	Birth Trauma	Northeast	11-Jun
33	Ventilator Associated Pneumonia	Northwest	11-Jul
34	Retained Foreign Body	Northeast	11-Aug
35	Pressure Ulcer	Northeast	11-Aug
36	Serious Safety Events	TIRR	11-Sep

MHHS Facilities have achieved over 80  
“Certified Zero” awards

# MHMD

## Memorial Hermann Physician Network

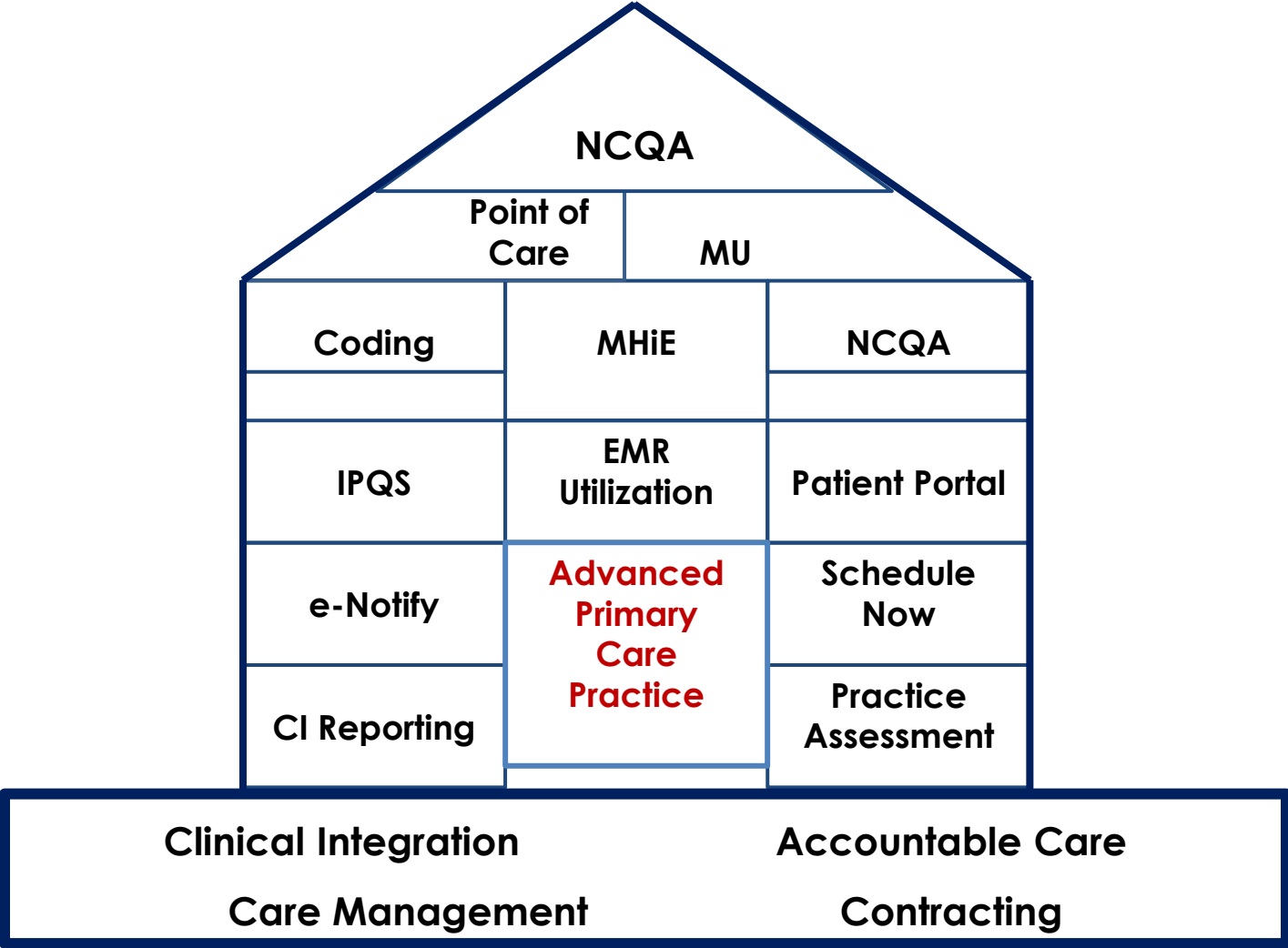
**MHMD's Patient Centered Medical Home (PCMH)  
Initiative and Accountable Care: *Population  
Management***

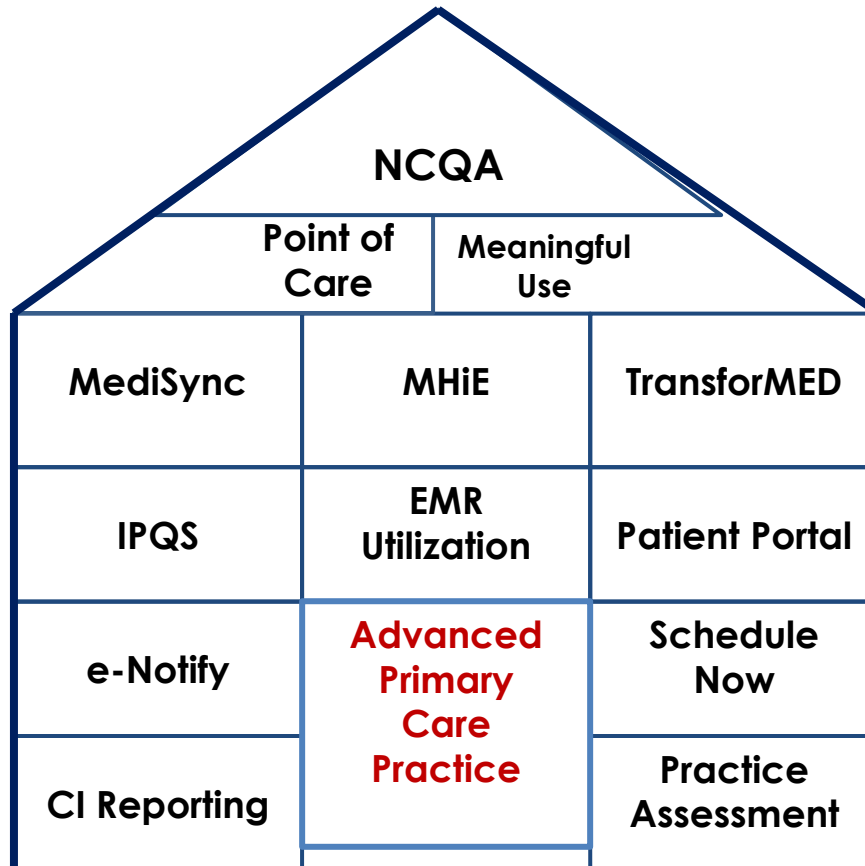
- PCMH is logical Primary Care extension of CI
- PCMH fosters patient centric care
- PCMH supports both independent and employed physician constituencies
- CI without PCMH tends to be specialist centric
  - Develop primary care physician leaders
  - Incentive pool hardwires primary care medical home behaviors
- CI and PCMH is the cornerstone to population management and accountable care



- **Health Information Technology/Health Information Exchange**—data, data, data!
- **Point of Care Technology** -- collects data *immediately* that allows measurement and modification of behavior to drive performance improvement
- **NCQA Certification**— transforming the way medicine is practiced for both patients and physicians: the Patient Centered Medical Home
- **Care Management**-- more data demands more support to deal with it
- **Coding and Documentation services**— improved coding leadings to more accurate billing and more accurate performance measurement

# Patient Centered Medical Home





Specialists



# ACO Board

- Composition set by regulations
- 6 Physicians
- 5 Administrators
- 1 Medicare beneficiary – “lay person”
- CEO of ACO is CEO of MHMD
- CMO of ACO is Physician-in-Chief of MHMD

# 2012 Measures of Excellence—Unified Metrics, All Contracts



Measure	Population	Details to be Documented Each Year
1. BMI Recorded	All Patients	BMI recorded in specific field in EMR
2. Medication Monitoring (Appropriate Lab Yearly)	Patients on ACE/ARB, Digoxin, Diuretic, or Anti-convulsants	ACE/ARB, Digoxin, or Diuretic – Serum K+ yearly with either Cr or BUN. Anti-convulsant – Drug level yearly
3. Beta-blocker after MI	Post-MI Patients for Six Months	Discharged AMI patients with filled B-blocker script for all 180 days after discharge with MI
4. Osteoporosis Management after Fracture in Women	Age > 67; BMD test or Post-Fx Medicine Tx	Within 6 mos. of eligible fracture (not fingers, toes, face, skull) BMD test or drug prescribed to treat or prevent osteoporosis
5. Colorectal CA Screen	All Patients 50-75 yrs.	FOBT yearly or flex sig within prior 4 yrs. or colonoscopy within prior 9 years
6. Breast CA Screen	Women 40-69 yrs.	Mammogram performed during current or prior year
7. Cervical CA Screen	Women 24-64 yrs.	At least one PAP Test during current or prior 2 yrs.
8. Cholesterol Testing	Diabetics 18-75; Post CABG, AMI, or PTCA; Ischemic Vascular Disease Diagnosis within 2 yrs.	LDL yearly for all eligible patients
9. Cholesterol Management	As Above Patients; LDL-C <100	Most Recent LDL-C <100mg/dL for eligible patients
10. Diabetes A1c Control	Diabetics 18-75; A1c < 9.0	Most recent A1c < 9.0
11. Diabetes Cholesterol Management	Diabetics 18-75; LDL-C <100	Most Recent LDL-C <100mg/dL for all diabetic patients
12. Diabetes Management of Nephropathy	Nephropathy Testing or Treatment	Nephropathy screening test for diabetic patients or evidence of treatment for nephropathy
13. Diabetes HTN Management	Diabetics with HTN on ACE/ARB	Filled ACE/ARB prescription or reason for not prescribing for each diabetic patient
14. CAD Lipid Testing	CAD Diagnosis; LDL-C performed	LDL yearly on patients with CAD diagnosis
15. Health Risk Assessment Completion / Submission	All Patients	Complete and fax specific form with all chronic diagnoses coded properly to number with code added to claim for bonus payment
16. Generic Drug Utilization	Generic Rate % on All Prescriptions	Generic drug days as percentage of all drug days filled based on prescription data
17. 30 Day Readmission Rate	All Patients	# of readmissions / # of admissions
18. Inpatient Follow-up	Office Appointment < 7 days after D/C	Patients with office visit or consult billed within 7 days of D/C

# PHYSICIAN INCENTIVES

# Physician Incentives

- Stipends
  - Meeting attendance
  - Chairman
  - PCMH pod leaders
  - Co-management agreement participation
  - Project leaders
- P4P
  - PCMH infrastructure goals
  - Quality metric goals
- Subsidies
  - EMR
  - Documentation training
- Shared savings contracts
- Increased Fee for Service rates
- CME and pay for CME

# Insurance Bonus Design

## Performance Based Contract Metrics – Set at start of contract

Performance Based Contract Summary	Commendable	Target	Distinguished
1. Cost Reduction Bonus Pool	Determined by Shared Savings		
2 Clinical Targets Bonus Pool	1.8%	2.6%	3.5%
Total Performance Based Pool			

**First Shared Savings Contract saved 12.5% first year.  
Same Contract saved 6% second year.  
Physicians received half of savings each year.  
Diminishing Pool of dollars based just on shared savings.**



# IPQS Incentive Awards



INITIATIVE	SPECIALTIES PARTICIPATING	METRICS	PHYSICIAN AWARD
Gateway Metric			
Clinical Documentation CME	All CI Physicians	Complete CME and submit check request	\$200 per physician
Campus Specific Initiatives			
Standard Order Sets	All CI Physicians	Achieve Order Set and CPOE usage compliance targets	\$500 per physician
Iatrogenic Pneumothorax	Eligible Specialties to be determined by CPC's	Reduce incidence of Iatrogenic Pneumothorax	\$500 per physician
Deep Vein Thrombosis	Eligible Specialties to be determined by CPC's	Reduce incidence of Postoperative Pulmonary Embolism and/or Deep Vein Thrombosis	\$500 per physician
Hospital Acquired Infections	Eligible Specialties to be determined by CPC's	Reduce Hospital Acquired Infections (Central Line Associated BSI, Ventilator Associated Pneumonia, Surgical Site Infections)	\$500 per physician
Serious Safety Events	All CI Physicians	Reduce incidence of Serious Safety Events	\$500 per physician
<b>TOTAL CAMPUS IPQS</b>			

# Recommended APCP Medical Home Incentive Awards



## MHMD Draft Performance Metrics (Measured 1/12 - 12/12)

Participation Targets	Target	Actual Score	MD Score
Implementation <b>or in queue</b> of MHMD Point of Care Tools (satisfies CPTII reporting on all patients)	100%		1.5 pts.
Active Clinical Participation in Meetings (regional meetings, governance, etc.)	100%		1 pt.
Cooperation with embedded MHMD Care Coordinators	100%		1.5 pts.
<b>Total Participation Incentive</b>	<b>100%</b>		<b>4 pts.</b>
<b>Participation in or Achievement of NCQA PCMH Process</b>			<b>2 pts.</b>
Clinical Performance Targets	Target	Target Source	Data Source
*Cancer Screening - % of women aged 40-69 years who had a mammogram	74.00%		Metric Report
*Cancer Screening - % of patients aged 50-75 years who had colorectal cancer screening	58.00%		Metric Report
*Lipid abnormalities screening - % of patients aged 18-75 with diabetes who have had a LDLc test	81.00%		Metric Report
Rx - Generic Dispensing Rate	77.00%		Metric Report
*Diabetes - % of diabetics who have HbA1c test result <9.0	>71%		Metric Report
*Lipid Management - % of diabetics between 18-75 whose LDLc level is less than 100mg	36.00%		Metric Report
*Lipid Management - % of patients aged 18-75 with CAD whose LDLc level is less than 100mg	>82.00%		Metric Report
<b>Health Risk Assessment Completion for Assigned Members</b>	<b>&gt;80.00%</b>		Metric Report
<b>Total</b>			<b>4 pts</b>
<b>(0-1 Metrics=No Pts; 2 metrics=1 pt.; 3 metrics=2 pts.; 4 metrics=3 pts.; 5+ metrics=4,pts)</b>			
<b>Incentive Reward Cap</b>			<b>10 pts</b>