

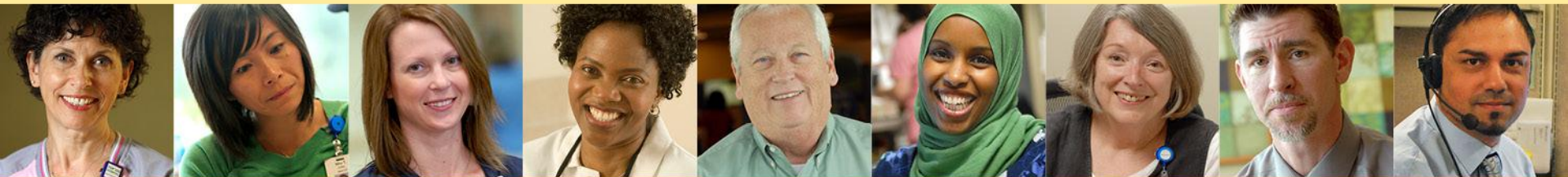
HealthPartners' National Quality Forum endorsed measure of Total Cost of Care

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HealthPartners

- Not-for-profit, consumer-governed
- Integrated care and financing system
 - 12,000 employees
 - Health plan
 - 1.36 million members in Minnesota and surrounding states
 - Medical Clinics
 - 500,000 patients
 - 800 physicians
 - HealthPartners Medical Group
 - Stillwater Medical Group
 - 35 medical and surgical specialties
 - 50 locations
 - Multi-payer
 - Dental Clinics
 - 60 dentists
 - Specialties: oral surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics
 - 20 locations
 - Four hospitals
 - Regions: 454-bed level 1 trauma and tertiary center
 - Lakeview: 97-bed acute care hospital, national leader in orthopedic care
 - Hudson: 25-bed critical access hospital, award-winning healing arts program
 - Westfields: 25-bed critical access hospital, regional cancer care location





Who We Are

Health is what we do. Partnership is how we do it.

Mission: Why we're here

Improve the health of our members, our patients and the community.

Vision: Where we're headed

Through our innovative solutions that improve health and offer a consistently exceptional experience at an affordable cost, we will transform health care. We will be the best and most trusted partner in health care, health promotion and health plan services in the country.

Values: How we act

PASSION • TEAMWORK • INTEGRITY • RESPECT

We live our values thru our Promises to Each Other & our Promises to Patients, Families & Members.

Strategies: What we do

PEOPLE • HEALTH • EXPERIENCE • STEWARDSHIP

We approach our work and create our work plans by focusing on four dimensions.

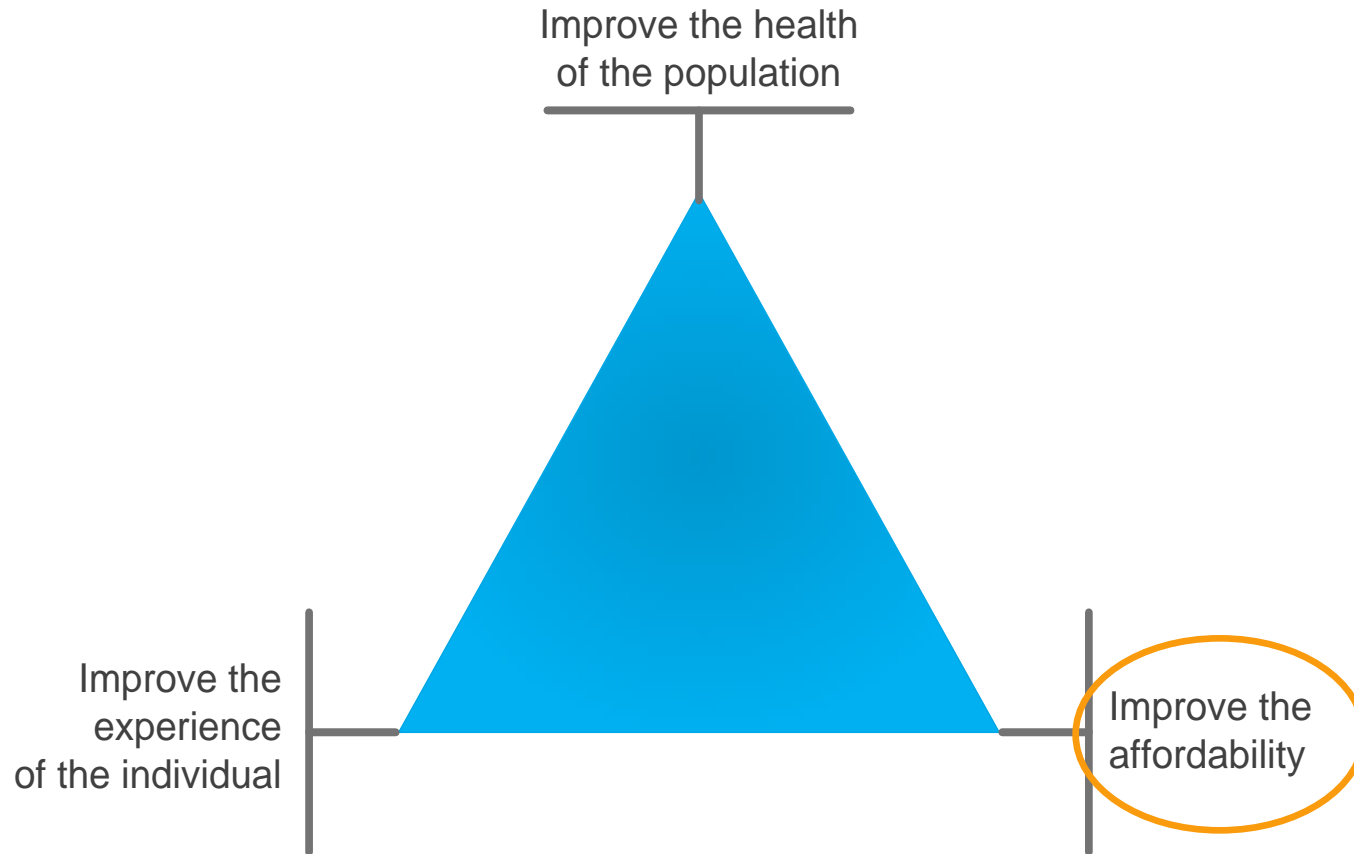
Results: How we will know we did it

Balanced scorecard: Reporting that tracks our progress in the four dimensions

Partners for Better Health: The long-term road map for our work in the Health, Experience and Stewardship dimensions also known as the Triple Aim.

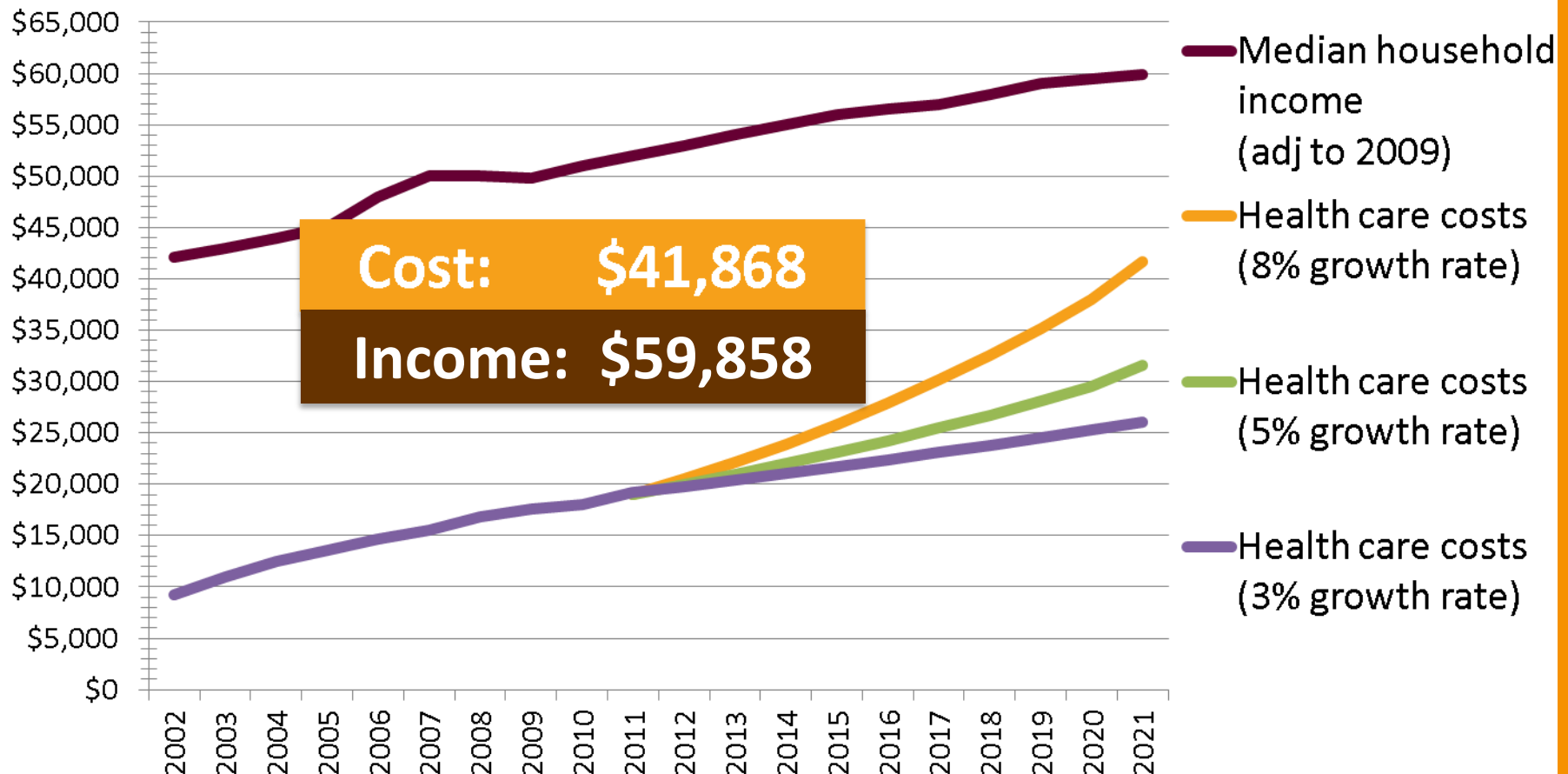
The Triple Aim

Moving from Volume to Value



Why cost is a real issue

With Median Household Income (projected to 2021)

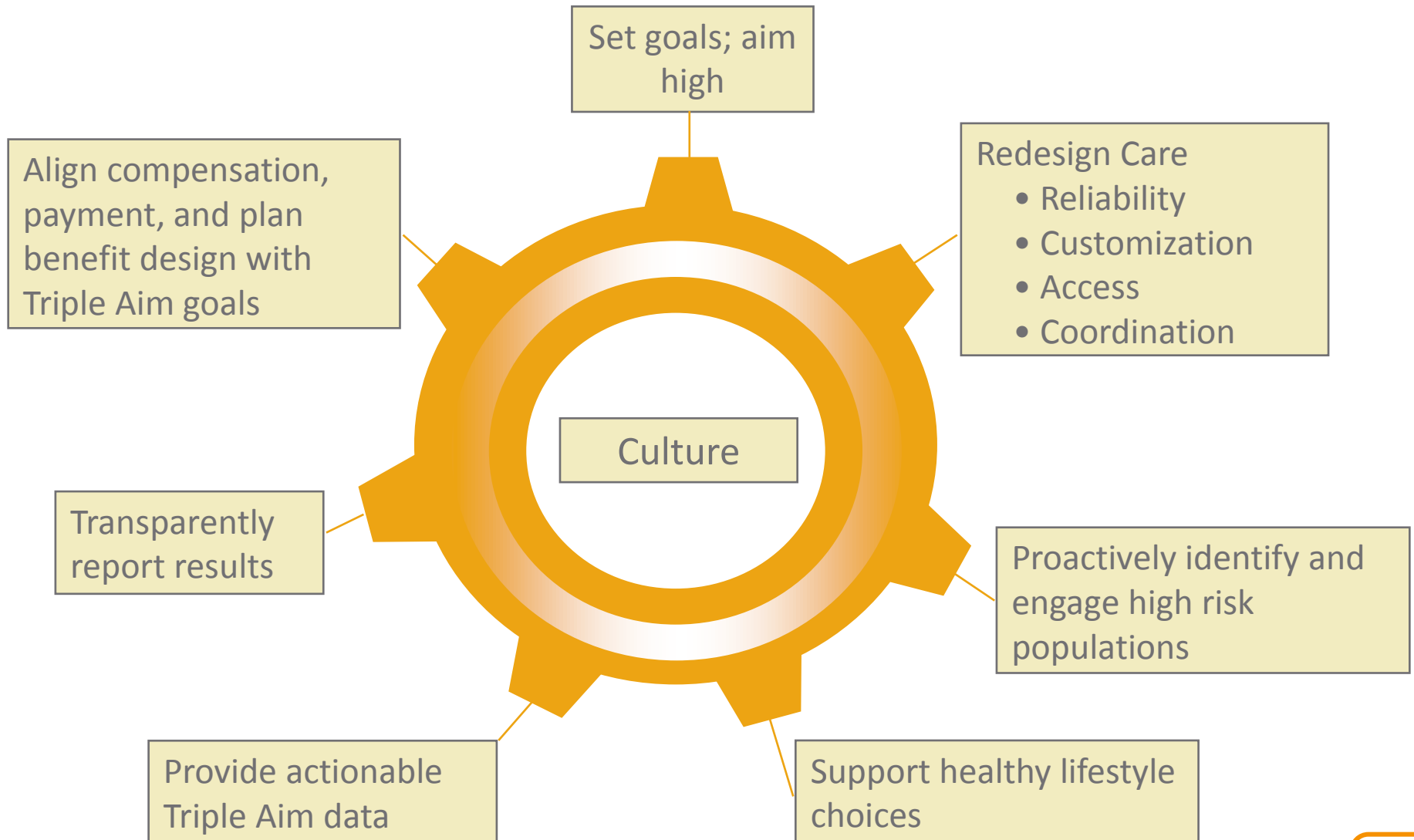


Source: Alliance of Community Health Plans

Partners for Better Health Goals 2014

Health Success	Experience Success	Affordability Success
<p>Improved health for our customers and community as measured by:</p> <ul style="list-style-type: none">• Better well being, more satisfied and healthy lives.• The best local and national health outcomes and the best performing health care costs in the region.	<p>Deliver an exceptional experience that customers want and deserve at an affordable cost as measured by:</p> <ul style="list-style-type: none">• The best performance on customer's willingness to recommend our clinics, hospitals and health plan to family and friends.• Feeling well-supported, respected and cared for throughout life.	<p>Lower health care costs for our customers as measured by:</p> <ul style="list-style-type: none">• Cost trends that are at or below general inflation (Consumer Price Index, a leading economic indicator).• The best performing overall health care costs in the region.• HealthPartners clinics and hospitals will be in the best 10 percent in the region in overall costs of health care.

Triple Aim: Transformation Elements



Evaluating Triple Aim Performance

Health Outcomes	Consumer Experience	Affordability
<p>Staying Healthy</p> <ul style="list-style-type: none"> • Adult weight screening^{2*} • Preventive Services Up to Date^{2**} <ul style="list-style-type: none"> • Breast Cancer Screening^{1*} • Cervical Cancer Screening^{1*} • Colorectal Cancer Screening^{1*} • Cancer Screening Combined^{1**} • Chlamydia Screening in Women^{1*} • Childhood Immunizations^{1*} 	<p>Satisfaction</p> <ul style="list-style-type: none"> • Access³ <ul style="list-style-type: none"> • Convenient appointments • Seeing the doctor of your choice • Getting an appointment routine care • Getting an appointment for illness or injury • Waiting in the reception area • Waiting in the exam room • Information by phone during clinic hours • Information by phone after clinic hours • Communication³ <ul style="list-style-type: none"> • How well doctor and staff listen • Time with the doctor • Decision Making³ <ul style="list-style-type: none"> • Explanations about tests or procedures • Quality of Care³ <ul style="list-style-type: none"> • Willing to recommend 	<p>Total Cost of Care</p> <ul style="list-style-type: none"> • Total Cost Index (TCI) for Full Population^{2^a} <p>Care Coordination Effectiveness</p> <ul style="list-style-type: none"> • Total Cost Index (TCI) <ul style="list-style-type: none"> • TCI Chronic Conditions² (e.g. Diabetes, Heart Failure, etc) • TCI for Service Components² (IP, OP, Prof, Rx) • Resource Use Index (RUI) for Full Population^{2^a} <ul style="list-style-type: none"> • RUI Chronic Conditions² (e.g. Diabetes, Heart Failure, etc) • RUI for Service Component² (IP, OP, Prof, Rx) • Patient Management Risk-Adj Metrics² <ul style="list-style-type: none"> • E&M Utilization² (primary, specialty) • Lab/Path Utilization² • Standard Radiology² • High Cost Risk-Adj Metrics² <ul style="list-style-type: none"> • Total Acute Admissions and IP & OP Surgery² • Emergency Department Utilization² • High Tech Radiology² • Episode of Care (TCI, RUI)² • Referral Partners (TCI, RUI)² <ul style="list-style-type: none"> • Primary and Specialty Care • Inpatient and Outpatient Care
<p>Getting Better</p> <ul style="list-style-type: none"> • Avoidance of Antibiotic Treatment of Adult Bronchitis^{1*} • Treatment for Children with URI^{1*} • Testing Children for Pharyngitis^{1*} 	<p>Safety and Avoidable Events</p> <p>Medications³</p> <ul style="list-style-type: none"> • Explanations about medications • Explanations about medication side effects <p>Health IT¹</p> <ul style="list-style-type: none"> • Electronic health record • Computerized test results • Health problems and doctor orders • Preventive care reminders and data • Electronic prescribing • Sending data to affiliated hospitals • Sending data to hospitals outside of system <p>Safety Assessment Survey²</p> <ul style="list-style-type: none"> • Safety culture • Safe use of sample medications • Safe use of anticoagulation medications • Safe use of abbreviations • Refilling medications safely • Controlled substances 	<p>Pharmacy Services</p> <ul style="list-style-type: none"> • Generic Utilization Rate² <ul style="list-style-type: none"> • Primary Care • Specialty Care • Top 25 Medications, generic alternatives²
<p>Living with Illness</p> <ul style="list-style-type: none"> • Asthma: Use of Appropriate Medications^{1*} • COPD: Spirometry evaluation^{1*} • Depression: Optimal Depression Care² • Diabetes: Optimal Diabetes Care^{1*} <ul style="list-style-type: none"> • Appropriate Blood Sugar (A1c)^{1*} • Appropriate Blood Pressure^{1*} • Appropriate LDL Cholesterol^{1*} • Tobacco Use^{1*} • Daily Aspirin as appropriate^{1*} • Hypertension: Controlling High Blood Pressure^{1*} • Optimal Vascular Care^{1**} <ul style="list-style-type: none"> • Appropriate Blood Pressure^{1*} • Appropriate LDL Cholesterol^{1*} • Tobacco Use^{1*} • Daily Aspirin^{1*} 		

Sources: 1. Minnesota Community Measurement
2. HealthPartners Measurement
3. HealthPartners Consumer Choice Survey measure

*Denotes NQF endorsed measure or similar to NQF endorsed
**Denotes 1 or more components of measure are NQF endorsed

^aHealthPartners measure awaiting NQF Board Ratification
Grey shaded measures are supporting affordability improvement measures

National Quality Forum (NQF) Endorsed

HealthPartners Total Cost of Care and Total Resource Use measures are the first population-based measures endorsed by NQF.

Rigorous 12 Month Application & Pass/Fail Review Process

- First-ever Call for Resource Use and Cost Measurement Specifications (January 2011):
 - Importance (literature review)
 - Scientific Acceptability, including reliability and validity testing
 - Usability (is it actionable)
 - Feasibility (can others replicate it)
- Dedicated Resource Use Steering Committee Evaluation
- Public and NQF Member Comment
- NQF Member Vote
- Consensus Standards Approval Committee
- NQF Board of Directors Ratified Endorsement (January 2012)

www.healthpartners.com/tcoc

www.healthpartners.com/tcoc

HealthPartners

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Total Cost of Care and Resource Use (TCOC)

HealthPartners' innovative method of measuring health care costs:

- Measures all care: professional, inpatient, outpatient, pharmacy, ancillary
- Is indicative of price and resource use drivers at every level
- Yields comparable measures of cost and resource use across the marketplace
- Supports development of reformed payment approaches

TCOC Method Overview

[TCOC Executive Summary](#)
A brief overview of TCOC & NQF Endorsement

[TCOC White Paper](#)
An in-depth look at TCOC

Fulfilling the Triple Aim

TCOC measurement supports our commitment to achieve IHI's Triple Aim: improving health, enhancing patient experience and making healthcare more affordable

Improve affordability

Improve the experience of the individual

Improve the health of the population

About TCOC

[Contact TCOC](#)
[Support for TCOC](#)

HealthPartners has been developing cost of care measures since 1995.

Newsroom

[HealthPartners cost and resource use measures receive groundbreaking endorsement from National Quality Forum \(NQF\)](#)
January 31, 2012

[NQF Endorses Resource Use Measures](#)
January 31, 2012

TCOC overview

- What is TCOC?
- TCOC in use
- TCOC toolkit

National Quality Forum, NQF
Endorsed Total Cost of Care and Resource Use Measures

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- Full transparency measurement methods and logic available in the public domain, free of charge
- The site contains all information related to the NQF submission, as well as the TCOC white paper and examples of the measurement in use
- TCRRVs and the SAS code to apply them are licensed free of charge

More than 30 organizations have licensed or inquired about use of the measures, including community collaboratives, government agencies, health plans, researchers and medical groups.

What is Total Cost of Care & Resource Use?

- At a high level, it's a **population-based measure** that can be **attributed** to medical groups for **accountability**
- Includes **all care and treatment costs**
 - Professional, facility inpatient and outpatient, pharmacy, lab, radiology, and other ancillary services
- Measures **overall performance** of a medical group **relative to other groups**
- **Illness burden adjusted** for accurate comparisons and benchmarking
- Sorts out **price differences and resource use drivers**
- Developed in partnership with medical groups

How does it work?

Calculations

The Total Cost Index is a measure of a medical group's risk adjusted cost effectiveness at managing a population for which they provide care, crossing all health care services.

- $\text{Total Cost Index} = \text{Risk Adjusted PMPM} / \text{Peer Group Risk Adjusted PMPM}$

The Resource Use Index is a risk adjusted measure of the frequency and intensity of all health care services utilized to manage a medical group's patients.

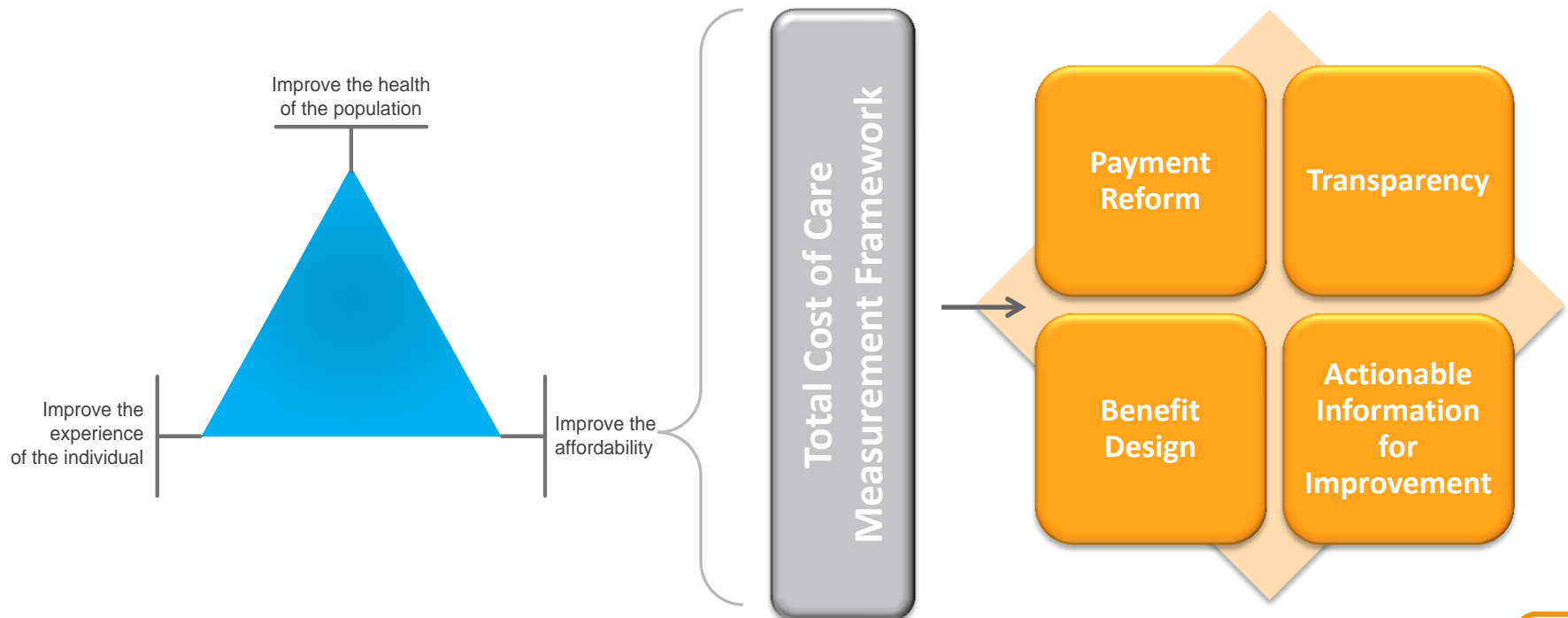
- $\text{Resource Use Index} = \text{Risk Adjusted Resource Use PMPM} / \text{Peer Group Average Risk Adjusted Resource Use PMPM}$

**Total Cost uses actual amount paid to a medical group.
Total Resource Use removes price to focus on utilization of
health care services and resources.**

How is it used?

Balancing the Triple Aim with TCOC Metrics

Total Cost of Care compliments the robust standard measurement approaches and benchmark information in the quality and experience domains.



Payment Reform

Current

- Shared Savings based on Total Cost of Care Performance
 - *Over 80% of health plan members are cared for by medical groups with these agreements – this includes HPMG and most of our contracted partners*
- Medical group Incentive for Triple Aim results
- Latest data shows most in Phase 1 are beating TCOC targets and will receive a Shared Savings payment

Future

- Accountable Care Organization (ACO) payments
- Global payment
- Lower share in fee-for-service payments

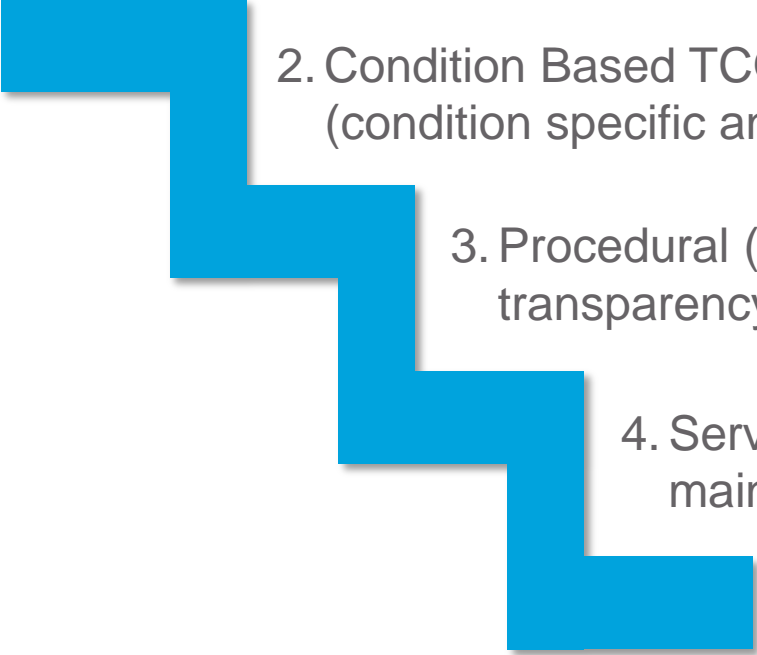


Benefit Design

- Tiered benefit design uses Total Cost of Care as basis for evaluating cost assessments
- Reference pricing and defined contribution benefits with selections based on medical group Total Cost of Care Performance
- Narrow networks

Transparency: A Multifaceted Approach

1. Population Based TCOC Performance



2. Condition Based TCOC Performance
(condition specific and all care)

3. Procedural (ex. knee replacement) bundled price
transparency for the entire episode & component parts

4. Service Specific (lab, office visit, routine health
maintenance grouping, etc.) price transparency

Multiple approaches to meet variable consumer
and stakeholder needs.

Transparency: healthpartners.com/costandquality

The screenshot shows the HealthPartners website interface. At the top, there is a navigation bar with links for Home, Clinics & Services, Health Insurance, and Health & Wellness. Below this, there are links for Pharmacy, Log On, Sign Up, and Contact Us, along with a search bar. The main content area features a large green banner with the text "Cost and quality ratings" and an illustration of a person using a laptop. To the right of the banner is a "Tools and Resources" section with links for Cost of care, Plan comparison, Drug cost calculator, and Quality care resources. Below the banner are three orange buttons: "Total cost of care" (Nationally-endorsed methods), "Our rating methods" (How do we calculate ratings?), and "HealthPartners members" (Additional tools and resources).

The "Medical Group and Hospital Ratings" section includes a descriptive paragraph: "High cost doesn't necessarily mean best quality; lower-cost providers often deliver high-quality care. HealthPartners cost and quality ratings for primary care, specialists and hospitals help consumers have a better understanding of health care value." To the right of this text is a legend: "★★★★ = Highest Value" and "\$\$\$\$ = Highest Value".

Below the legend is a table with tabs for "Primary care", "Specialty care", and "Hospitals". The table has a search bar and columns for "Provider group", "Overall Cost", "Overall Quality", "Getting Care", "Communication", "Staying Healthy", "Chronic Care", and "Tech & Safety". The data rows are as follows:

Provider group	Overall Cost	Overall Quality	Getting Care	Communication	Staying Healthy	Chronic Care	Tech & Safety
Northwest Family Physicians, PA	\$\$\$\$	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★☆
HealthPartners	\$\$\$\$	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
Entira Family Clinics	\$\$\$\$	★★★★★	★★★★★	★★★★★	★★★★☆	★★★★☆	★★★★☆
Allina Medical Clinic	\$\$\$\$	★★★★★	★★★★★	★★★★★	★★★☆☆	★★★★★	★★★★★

Actionable Information:

Translating Information to Action

Financial View

- Contract performance monitoring

Benchmarking View

- Practice performance compared to peers
- Identify areas of opportunity to drive Improvement
- By condition & episode
- Referral partner performance
- Pharmacy use and generic prescribing

Patient-Level View

- Support care redesign and practice improvement
- Customized to care system work flow and improvement priorities
- Includes information like predicted risk, ED, hospital use and physician prescribing profiles

Total Cost of Care Data



HEALTHPARTNERS - 201

Total Cost of Care Report - Rolling 12 Months: April through March - 2010, 2011 & 2012

-Risk Adjusted Total Cost of Care Metrics

-Total Spend Including Clinics, Hospitals, Rx and Referral Providers

-Attributed, Commercial, Continuously Enrolled, Excluding Babies and 65+

-Total Reimbursement Capped at \$100,000

	Potential Opportunity (TCI)
	Potential Opportunity (Pricing)
	Potential Opportunity (RUI)
	Potential Opportunity (Patient Mgmt Util)
	Potential Opportunity (High Cost Util)

Highlighted cells indicate ≥ 1.01 after rounding

Provider Group	Members			Average ACG Score			TCI			Price Indexed to 2012			Resource Use Indexed to 2012		
	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012	2010	2011	2012
HEALTHPARTNERS	98,381	95,516	88,284	1.08	1.07	1.05	0.96	0.97	0.98	0.94	0.96	0.99	0.98	0.98	0.99
Metro Total	312,938	308,824	296,932	1.06	1.06	1.05	1.00	1.00	1.00	0.95	0.98	1.00	1.01	1.00	1.00

The first through third quarter results should be viewed as preliminary indicators to year end results due to fluctuations in membership and its corresponding impact on continuous enrollment and ACG risk score assignments

Provider Group	E&M Count Index (Total)		E&M Count Index (PC)		E&M Count Index (Spec)		% PC E&M*		Lab/Path Count Index		Standard Rad		Rx Count Index		% Generic Rx*	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
HEALTHPARTNERS	0.97	0.97	0.94	0.93	0.99	1.01	51%	49%	1.07	1.07	1.01	1.01	0.97	0.97	80%	84%
Metro Total	1.00	1.00	1.00	1.00	1.00	1.00	52%	51%	1.00	1.00	1.00	1.00	1.00	1.00	79%	83%

*Measure is not risk adjusted

Provider Group	Admit Count Index		IP Surg Count Index		ER Count Index		OP Surg Count Index		Hightech Rad Index (ER)		Hightech Rad Index (nonER)		% ER Hightech Rad*	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
HEALTHPARTNERS	1.00	0.99	0.98	1.04	0.95	0.93	0.95	0.96	0.92	0.93	0.92	0.92	17%	17%
Metro Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	17%	16%

*Measure is not risk adjusted

Provider Group	Service Category TCI						Price Index						Resource Use Index							
	IP TCI		OP TCI		Prof TCI		Rx TCI		IP Price		OP Price		Prof Price		IP RUI		OP RUI		Prof RUI	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
HEALTHPARTNERS	0.95	0.96	0.86	0.87	1.04	1.05	0.95	0.95	0.95	0.95	0.91	0.91	1.03	1.03	1.00	1.01	0.95	0.95	1.00	1.01
Metro Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

Condition Focused

Population-based Total Cost of Care can be drilled down to a condition level, splitting out price and resource use.

Condition	Overall Indices			
	Members	TCI	Price Index	RUI
ARTHRITIS	600	1.02	1.02	1.03
ASTHMA	1,500	1.06	1.02	1.03
BACK PAIN	3,500	1.03	0.99	1.04
CHF	50	1.03	1.00	1.03
CHRONIC RENAL FAILURE	105	0.91	1.03	0.89
COPD	175	0.91	1.08	0.85
DEPRESSION	2,300	1.04	0.99	1.05
DIABETES	1,300	1.05	1.00	1.03
HYPERLIPIDEMIA	3,700	1.03	1.02	1.03
HYPERTENSION	3,500	1.06	1.02	1.04
ISCHEMIC HEART DISEASE	350	1.00	0.99	1.00
ALL OTHER CONDITIONS	12,500	1.07	1.02	1.05
Provider XYZ	26,000	1.03	1.00	1.03





Applying TCOC to this Situation



- Urgent Care or Emergency Department?
- Imaging
- DME
- Primary and Specialty Care Coordination
- Surgery
- Physical Therapy

To avoid these things . . .

- Preventable hospital admissions/readmissions
 - 2/3 related to chronic conditions
 - 1/3 related to procedures/surgeries
- Avoidable emergency room visits
- Unnecessary lab testing
- Use of higher cost drugs when generic is available
- Unnecessary use of hi-tech diagnostic imaging (MRI & CT scans)
- Care provided in higher cost setting when another venue is available (e.g., same day surgery center)
- Price increases

. . . do these things (Triple Aim Project Portfolio)

- **Keep people healthy**
 - Preventive care
 - Optimal health for patients with diabetes, vascular disease, depression, asthma
 - Engage patients in healthy lifestyles
- **Provide coordinated care for patients with chronic/complex conditions**
 - We call this “population health;” “care management;” “care transitions.”
- **Practice evidence-based care**
 - Appropriate use of generics, imaging and lab
 - Back and neck pain
 - Low-risk chest pain protocol
 - Joint replacement pathway
 - Cancer care pathways
 - Pain management
 - Hospital checklists/order sets
 - And many more . . .
- **Engage patients and communities**
 - Reduce disparities
 - Use shared decision making
 - Provide patient centered care at end of life
- **Offer more convenient and affordable options**
 - Call, Click, or Come In
 - virtuwell
- **Avoid harm by eliminating**
 - Hospital acquired conditions
 - Falls, pressure ulcers
- **Do what we do efficiently**
 - Develop standardized reliable processes (care model process)
 - Reduce waste

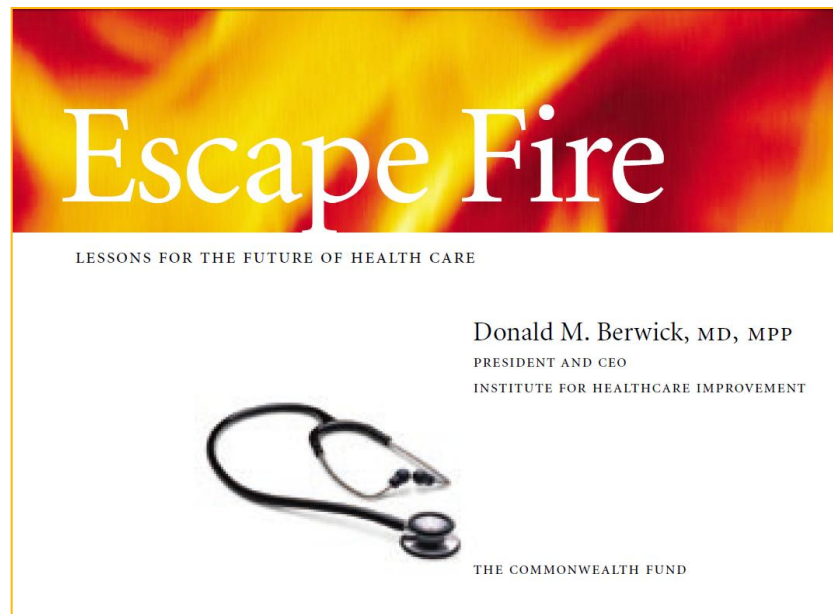
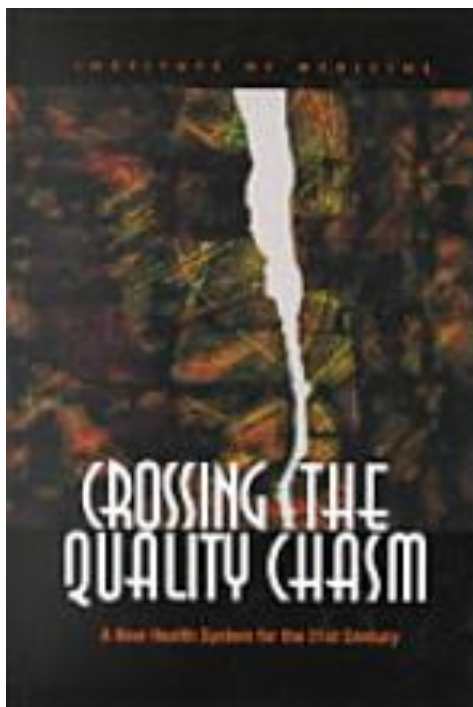
How?

- Culture
- Care Design



Our Physician Culture:

'Health is what we do, partnership is how we do it'



PERSPECTIVE

Zen and the Art of Physician Autonomy Maintenance

James L. Reinertsen, MD

The miracles of scientific medicine propelled physicians to an unparalleled level of clinical autonomy during the 20th century. During the past 20 years, physician autonomy has been declining, in part because the public has become aware that physicians are not consistently applying all of the science they know. One of medicine's most cherished professional values, individual clinical autonomy, is an important cause of the sometimes suboptimal performance in the timely and consistent application of clinical science; thus, it contributes to the decline in overall professional

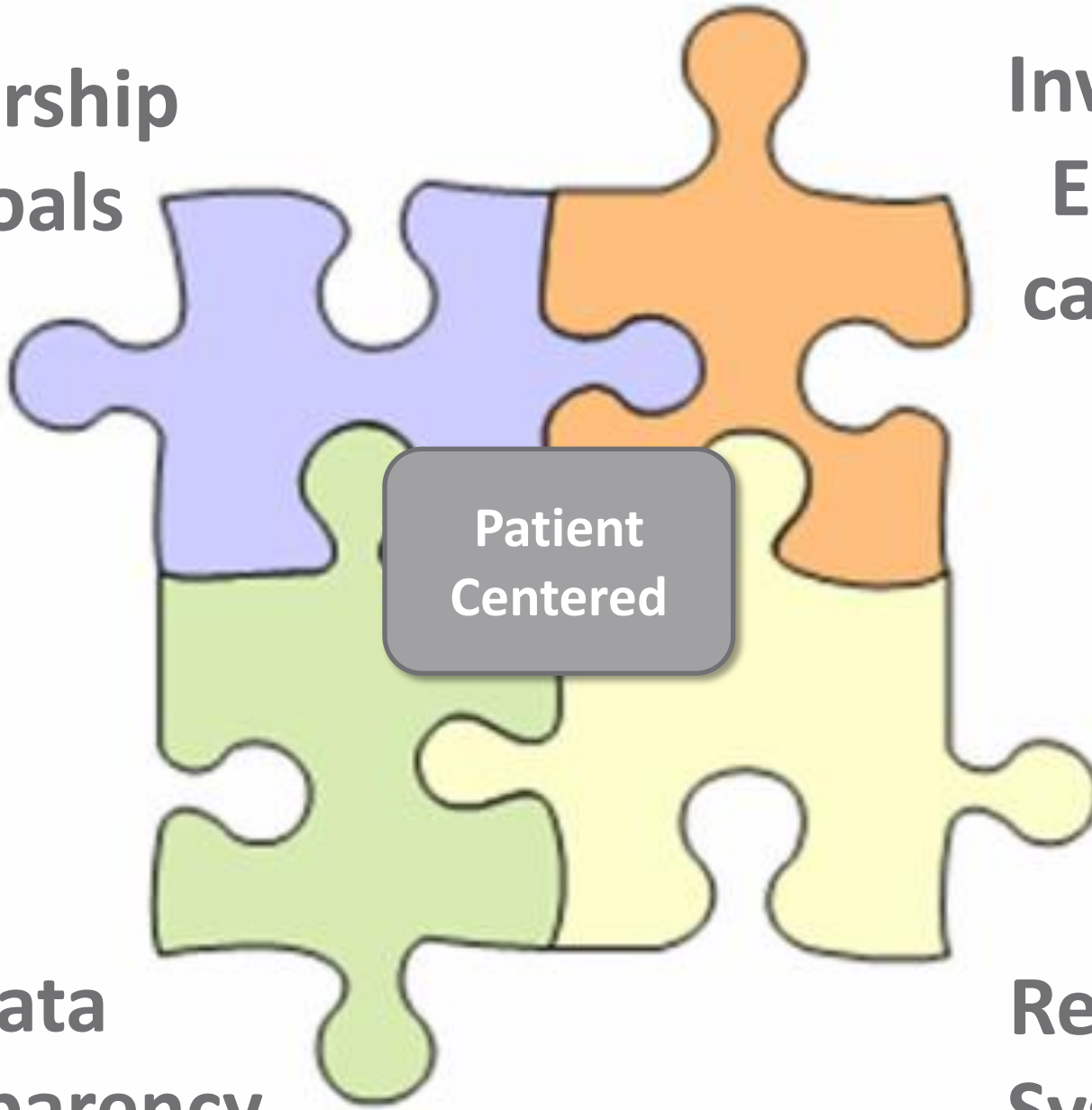
autonomy. This paper calls for physicians to practice the science of medicine as a profession so that society will allow physicians to continue practicing the art of medicine as individual professionals. In a Zen-like paradox, physicians must give up autonomy in order to regain it.

Ann Intern Med. 2003;138:992-995.
For author affiliation, see end of text.

www.annals.org

**Leadership
& Goals**

**Involved &
Engaged
care team**



**Patient
Centered**

**Data
Transparency**

**Reliable
Systems**

Care Design Principles

We use the following design principles to ensure our care achieves Triple Aim results.

Four Care Design Principles



Visit Cycle and Care Team Roles



Reception

- Insurance verification
- Check-in
- Scheduling
- Message triage
- Forms

Visit Manager

- Registry
- Message triage
- LPN standing orders
- Test results
- Immunization

RN's

- Phone triage
- Protocol driven care
- Warfarin management
- Medication refill
- Abnormal test triage
- Care Coordination
- Action Plan

Physician / Provider

- Leader of care team
- Diagnosis and treatment
- Engaging patients in their care
- Directing members of care team
- Care plans

Access: Patient Choice

The screenshot displays the HealthPartners website interface. At the top, there is a navigation bar with links for Home, Clinics & Services, Health Insurance, and Health & Wellness. Below this, a secondary navigation bar includes Pharmacy, Log On, Sign Up, and Contact Us, along with a search bar. The main content area is divided into three vertical columns. The left column features three sections: 'Patient Email' (free, with a link to common conditions), 'E. Visit' (co-pay of \$40, with a link to common conditions), and 'virtuwell' (24/7 online clinic, co-pay of \$40, with a link to common conditions). The middle column has three large, light-colored boxes: 'Call' (talk to a doctor or nurse), 'Click' (get care online or via email), and 'Come In' (visit a doctor or clinic). The right column is titled 'HealthPartners Family of Care' and contains a 'Current Wait Times' section with a table of urgent care clinics and their status.

HealthPartners

Home Clinics & Services Health Insurance Health & Wellness

Pharmacy Log On Sign Up Contact Us Search

Home > HealthPartners Clinics & Services > Get Care Now

Patient Email
If you already have a HealthPartners clinic doctor, you can get free advice and answers to simple questions via email.
[Click here for common conditions](#)
Free
Go > Need a doctor? [Find a clinic.](#)

E. Visit
Exchange messages with your HealthPartners clinic doctor when you need a diagnosis, follow up or a consultation.
[Click here for common conditions](#)
Co-pay or \$40
Go > Need a doctor? [Find a clinic.](#)

virtuwell
Our 24/7 online clinic offers diagnosis, treatment and prescriptions for common conditions.
[Click here for common conditions](#)
Co-pay or \$40
Go >

Call
Talk to your doctor or a nurse.

Click
Get care online or via email.

Come In
Visit your doctor or a clinic.

HealthPartners Family of Care

Current Wait Times

Urgent Care Clinics

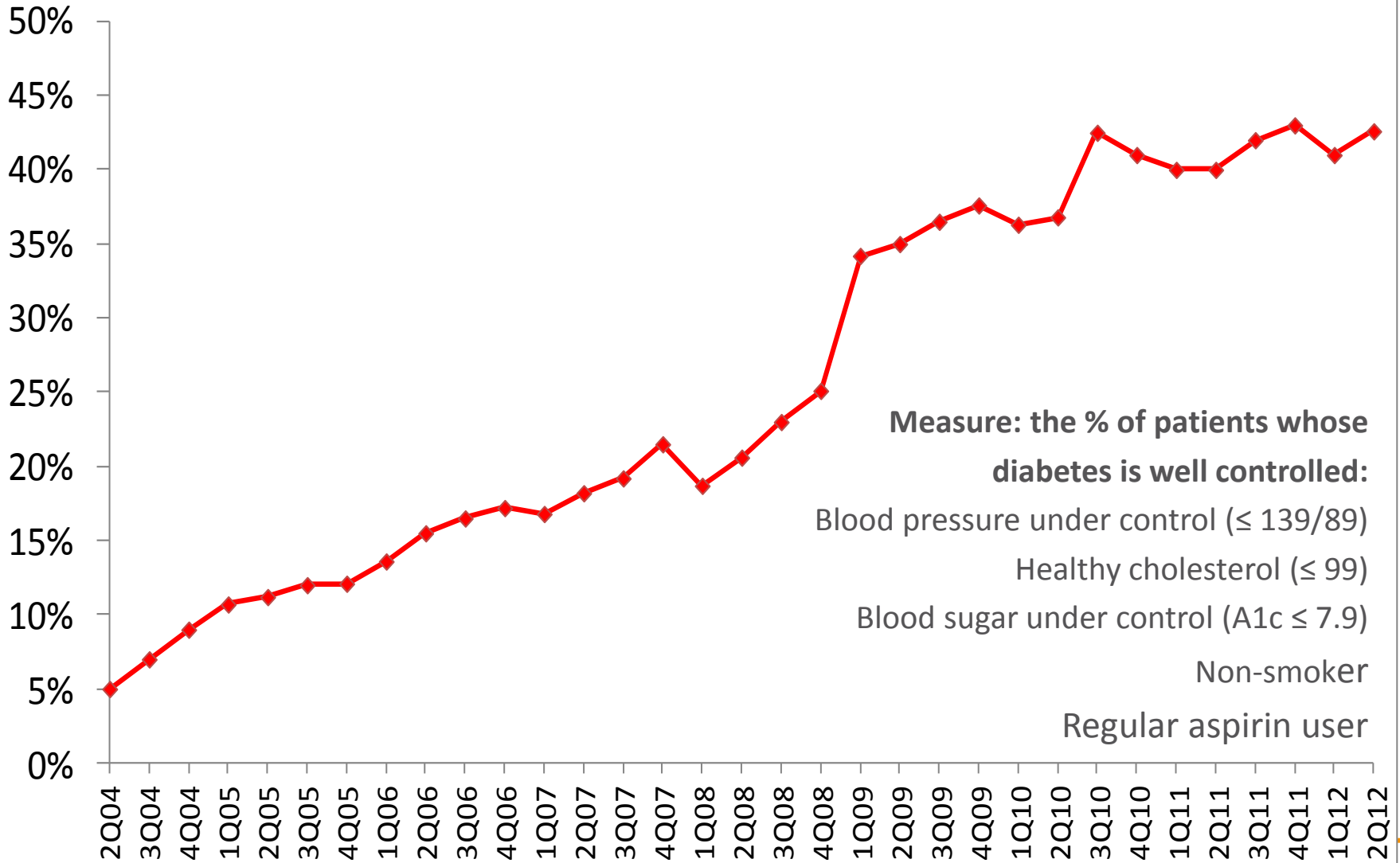
virtuwell	Always Open
Apple Valley	Closed
Arden Hills	15 min
Brooklyn Center	Closed
Como (St. Paul)	Closed
Cottage Grove	Closed
Eagan	Closed
Riverside (Mpls)	Closed
Riverway Andover	Closed
Riverway Elk River	Closed
St. Paul	Closed
West	30 min
Woodbury	Closed

virtuwell™ at a Glance



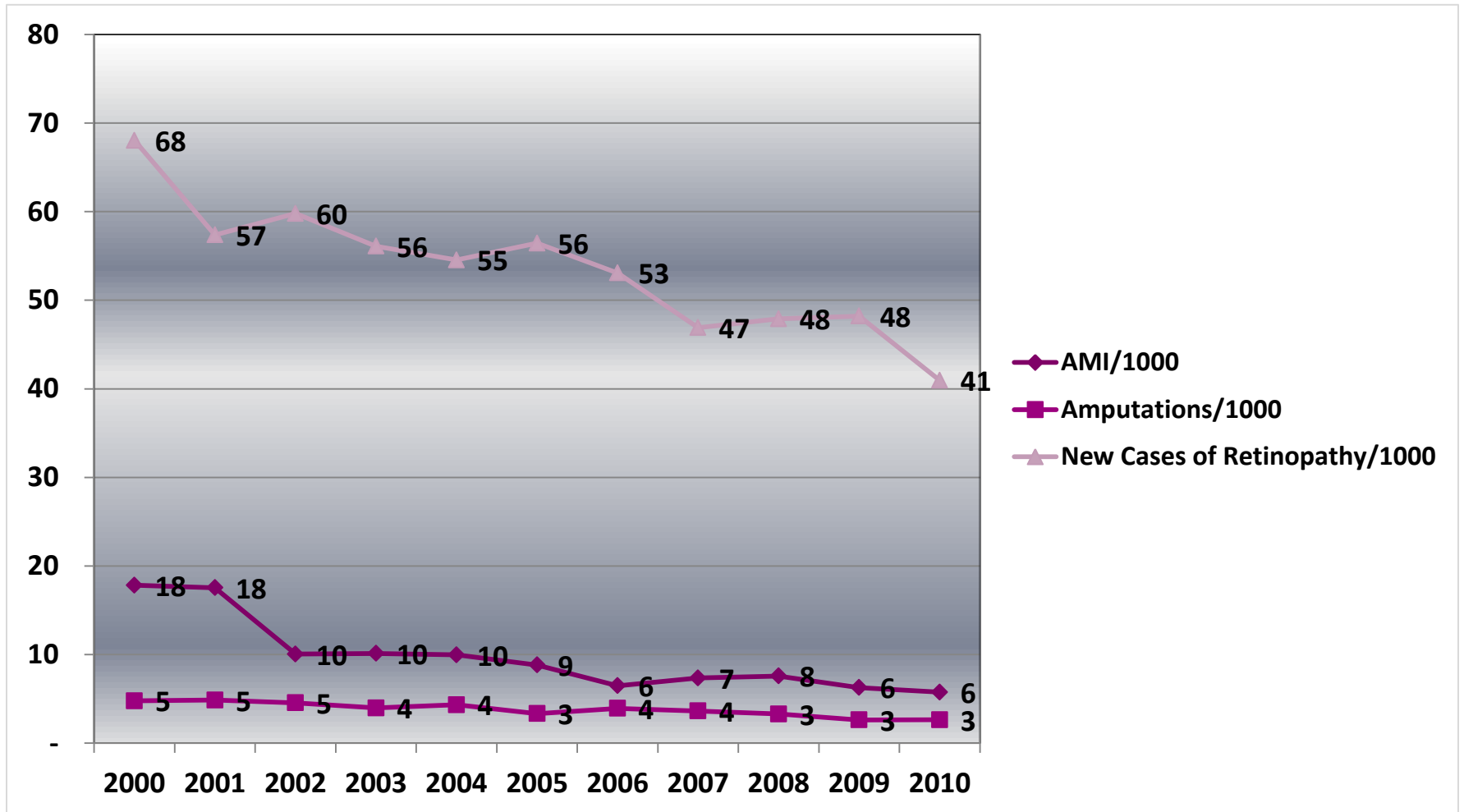
- Available around the clock – 24/7/365
- Custom treatment plan with prevention advice
- A simple \$40 price, insurance accepted
- Money-back guarantee
- Free and easy triage if higher level of care needed
- Free 24/7/365 follow-up care
- Ability to connect with a nurse practitioner anytime
- 99% would highly recommend

Chronic Care: Optimal Diabetes Care



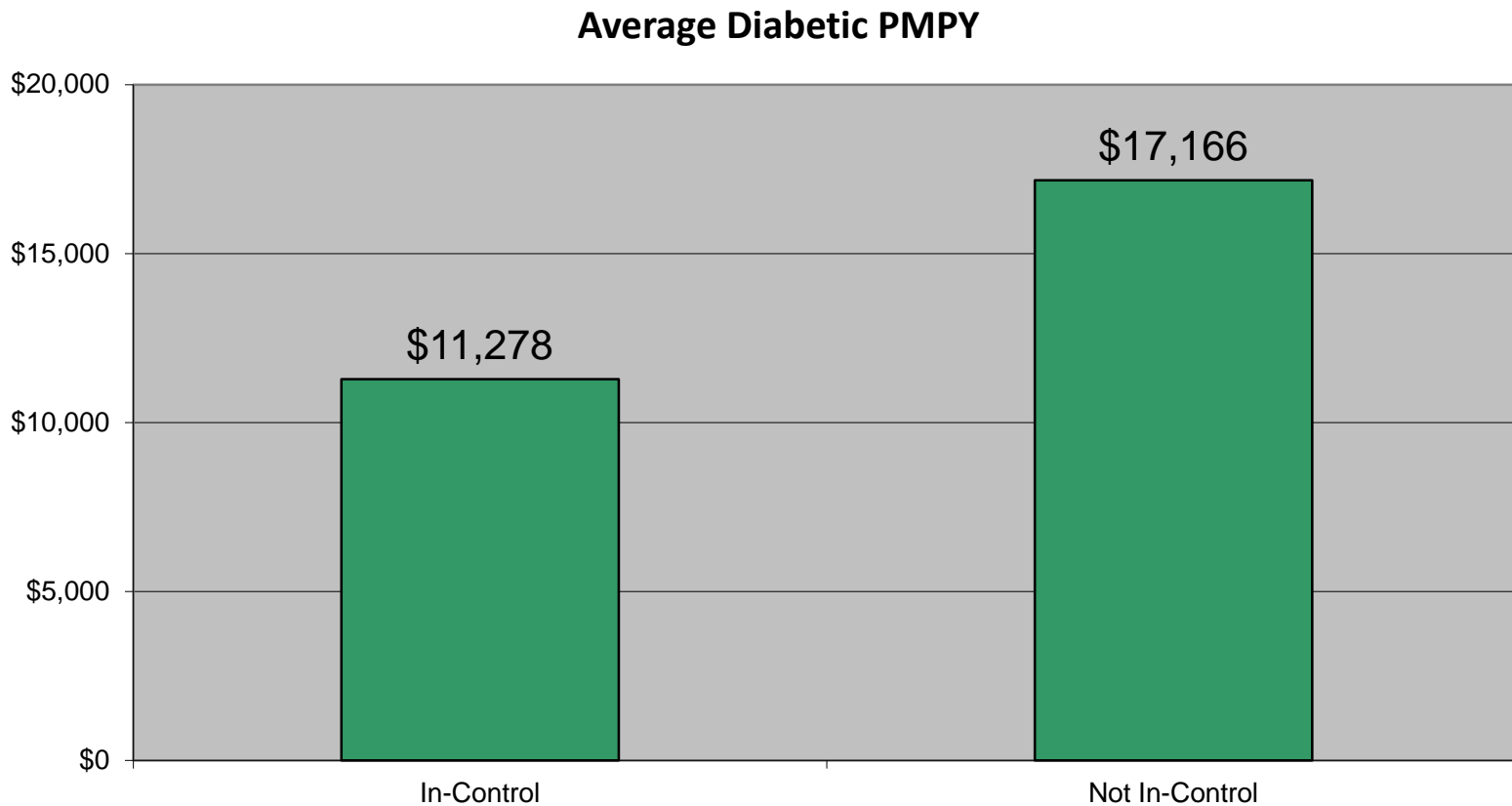
Chronic Care: Diabetes

Avoided Complications



TCOC: Diabetes

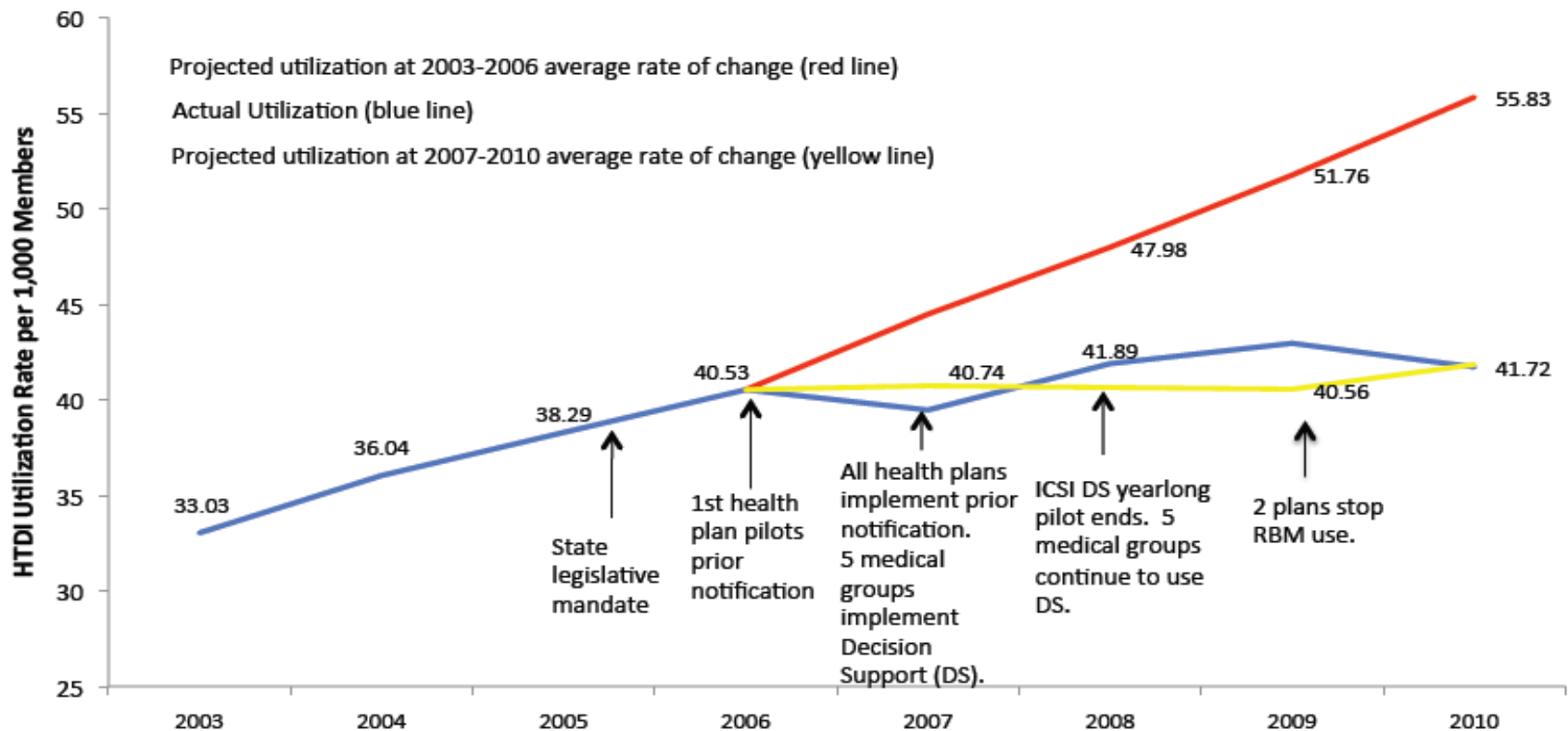
HealthPartners Diabetes Optimal Health Outcomes Savings



Hi-Tech Diagnostic Imaging

Aggregate HTDI Utilization Rate per 1,000 Members, 2003-2010 Aggregate Data Include: BCBS, HealthPartners, Medica, UCare and MNDHS FFS Outpatient Data for Members Affected by Health Plan's HTDI Initiative

*Membership profile differs across health plans



Coordinated Care

Lung Cancer Pathway

- Consistent, coordinated approach to providing evidence-based care
- Partnership between primary care, oncology, pulmonary and thoracic surgery
- Pathway is built into electronic record
 - One order for all lung nodules and cancers
 - Standardized treatment algorithms based on best evidence
 - Ability to measure outcomes
- Impact for patients
 - Builds confidence and trust when patient has one care plan across all specialties
 - Increases satisfaction when care is coordinated by the same nurse
- Pathways also in place for colorectal, esophageal, pancreatic and brain cancers

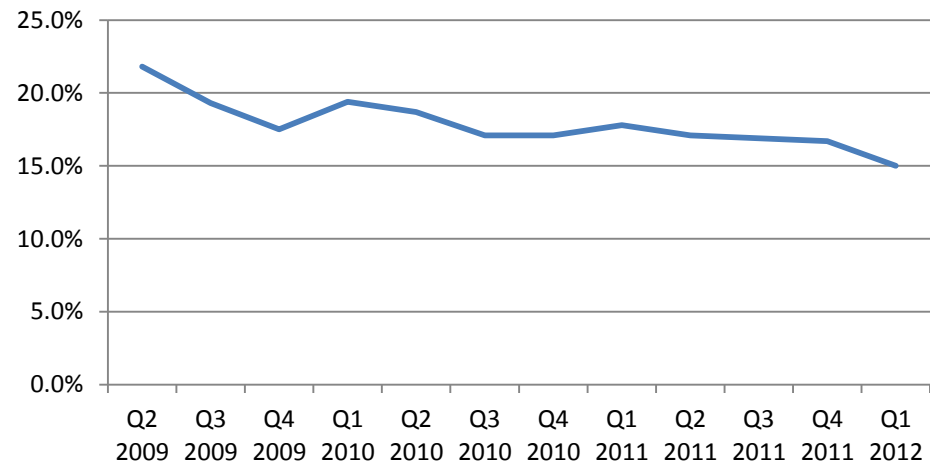
Care Transitions

Reducing Readmissions

Reduce readmissions through collaboration of our hospital, clinics, care management and pharmacy services:

- Identify high risk patients
- Create care plans and implement health coaching
- Participate in medication “boot camp”
- Schedule orders for follow-up clinic appointment
- Coordinate care with home care and other resources
- Simplify patient discharge instructions
- Engage patients in “teach back” methods
- Call patients post discharge

Readmission Rate



Emerging Triple Aim Projects

- Opioids
 - Standard approach to procedure pain management
 - Care plans for chronic pain
- Population Health
 - Healthy lifestyle support
 - Care management for complex patients
- Behavioral Health
 - Depression and anxiety care manager
 - Seriously mentally ill
- Specialist as population consultant

Results

- In top 25 national in NCQA's Health Insurance Plan rankings for 2010/11
- Obtained Medical Home recognition across all clinics
 - NCQA Primary Care Medical Home highest level designation
 - State of MN Health Care Home certification in Primary Care and Infectious Disease
- AMGA 2012 Acclaim Award recipient
- Hospital: Leapfrog Group's Top Hospital designation 2009/10/11
- Benchmark employee satisfaction
- Physician satisfaction (AMGA Survey)
 - 25th percentile → 88th percentile
- Achieved margin target in each of last 9 years
- Plan administrative costs at 5.4%; medical group cost trend has moderated (0.5% average fee schedule increase 2004-11)

Thank you!
Questions?