The Advisory Board Company

Health Plan Advisory Council

The Data Diet

Sharing Data with Providers to Enable Population Management

Road Map

1 The Data Diet

2 How to Sell Data to Providers

3 Questions

A Growing National Priority

Health Care Spending Billions to Take Advantage of Data

Data Investments from 2011-2016

Capture Data

$4B Wearables

$6B Electronic medical record systems

$21B Remote patient monitoring

Analyze Data

$3M IBM's Watson supercomputer

$35B Health information technology

Share Data

$1B Health information exchange platforms

$31B Meaningful use / interoperability

$101B Total estimated data spending

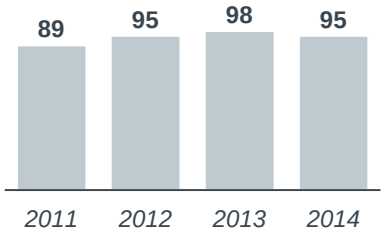
Source: Lieberman M, "The Wearable Future," PriceaterhouseCoopers LLP, available at: www.pwc.com; Wang T and Malay Gandhi, "Digital Health Funding: 2014 Year in Review," Rock Health, 2015, available at: www.rockhealth.com; "EMR/HER Spending to Hit $6 Billion by 2015," University of Illinois at Chicago, available at: www.healthinformatics.uic.edu; Lewis N, "Remote Patient Monitoring Market to Double by 2016," InformationWeek, July 24, 2012, available at: www.informationweek.com; Manos D, "Study: Health IT spending to top $34.5B," Healthcare IT News, August 29, 2013, available at: www.healthcareitnews.com; Mearian L, "Can anyone afford an IBM Watson supercomputer? (Yes)," Computerworld, Inc., February 21, 2011, available at: www.computerworld.com; "July 2015 Summary Report," Centers for Medicare and Medicaid Services, July 2015, available at: www.cms.gov; Covich J et al., "Determining the Path to HIE Sustainability," Truven Health, February 2011, available at: www.truvenhealth.com; Health Plan Advisory Council interviews and analysis.

Providers Closing Ranks

Larger Systems Taking on More Risk Each Year

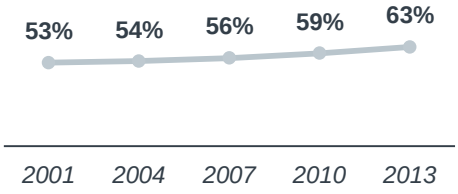
Hospital Mergers and Acquisitions

2011-2014



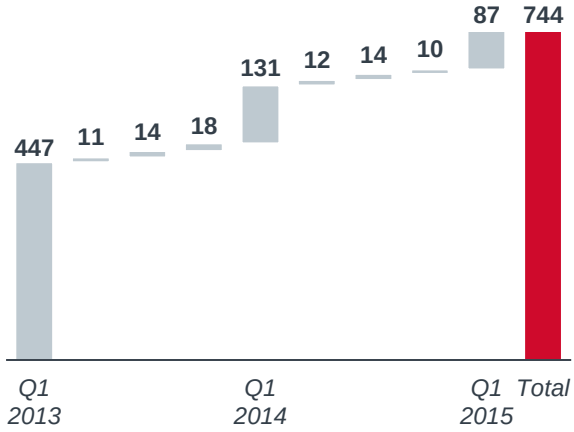
Share of Hospitals in a System

2001-2013



Total Number of New Public and Private ACOs by Quarter

Q1 2013 – Q1 2015

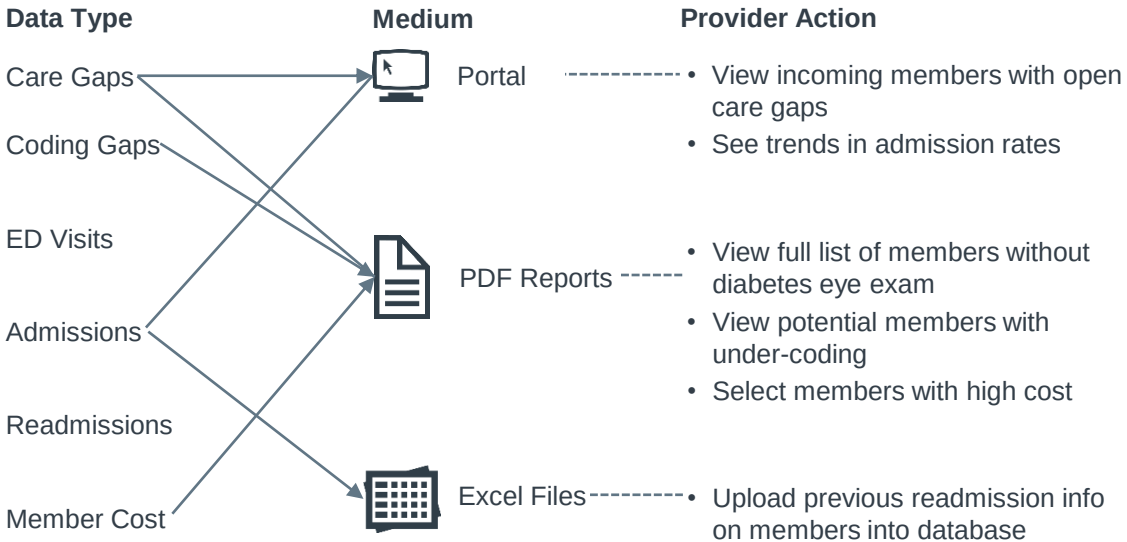


Source: AHA Chartbook, available at www.aha.org; Kaufman Hall, "Number of Hospital Transactions Remains High in 2014," available at: www.kaufmanhall.com; Muhlestein, D, "Growth and Dispersion Of Accountable Care Organizations In 2015," Health Affairs, March 31, 2015, available at http://www.healthaffairs.org; Health Plan Advisory Council interviews and analysis.

A Data Smorgasbord

Incalculable Combinations of Format and Content Available to Providers

Plan Data Shared with Providers



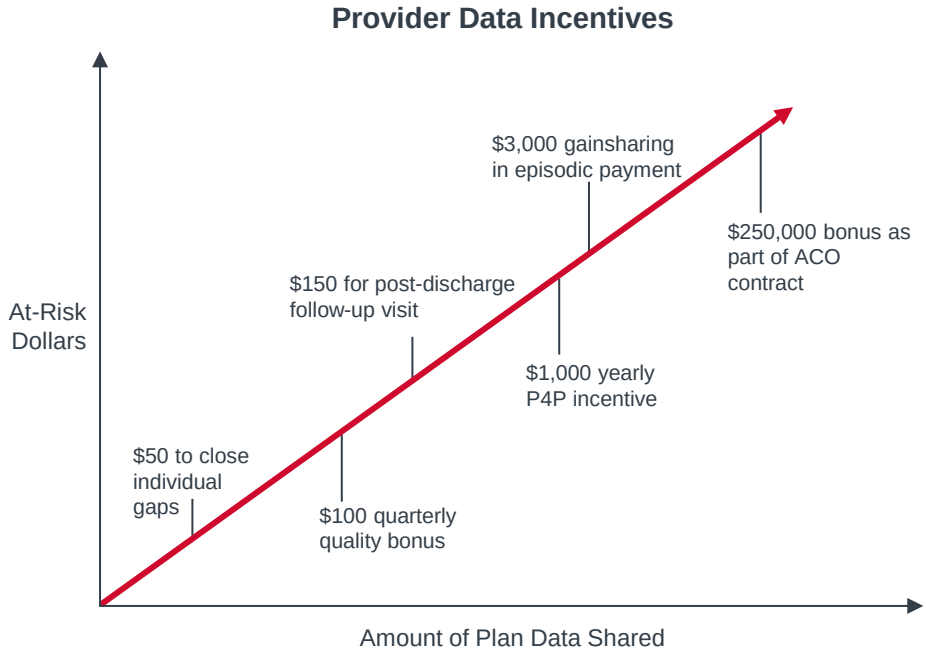
50-60% Growth in FTEs for plan analytics departments

1) ADT: Admission, Discharge, Transfer

Source: Health Plan Advisory Council interviews and analysis.

Throwing Money at Providers

Incentives Abound for Data

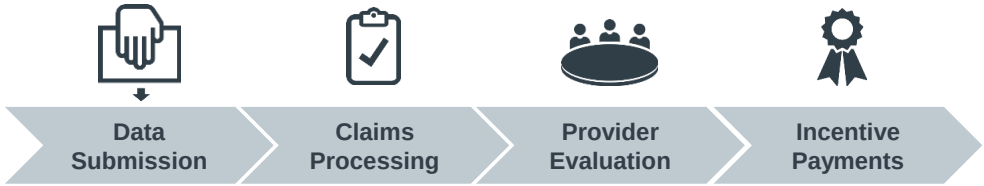


Source: Health Plan Advisory Council interviews and analysis.

Aching for a Better Solution

Plans Challenged by Inability to Effectively Motivate Providers

Plan View of Data Sharing



Frustration Points:	Data Submission	Claims Processing	Provider Evaluation	Incentive Payments
	• Not able to embed in provider EMR • Send unhelpful information to providers	• Not clear which gaps closed • Insufficient coding and clinical information	• Few providers measurably improving • Providers uninterested in discussing performance	• Incentives not correlated to improved plan performance • Lower star ratings due to inactivity

Source: Health Plan Advisory Council interviews and analysis.

Not Alone In Our Frustration

Providers Unable to Use Plan Data in Current Environment

Providers Agreeing That Care Gap Data Is[1]…

Not Worth Time

63%

"Our biggest challenge is **data overload**."

Senior Director of Quality, academic medical center

Unreliable

67%

"If physicians find data reports to be **inaccurate** or incomplete, they are less likely to review them the next time."

Family medicine physician, physician association

Untimely

79%

"Providers are always playing catch-up because of the **untimeliness** of data."

Family medicine physician, academic medical center

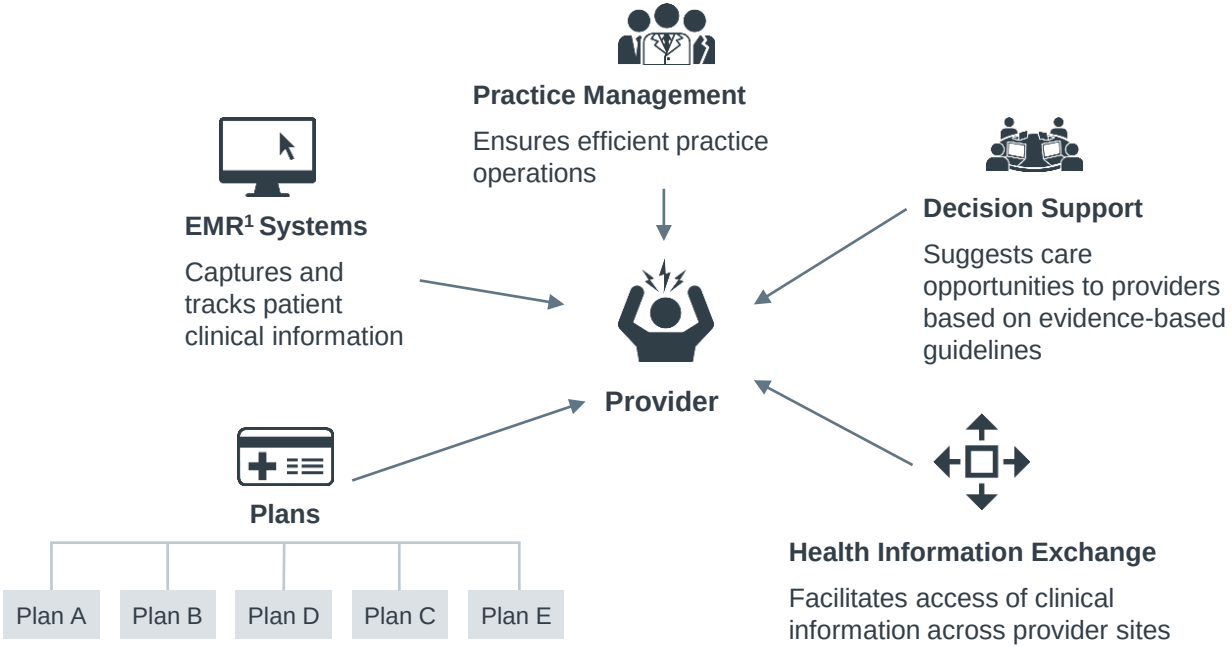
1) Based on Health Plan Advisory Council 2015 Plan-Provider Data Survey (n=63).

Source: Health Plan Advisory Council interviews and analysis.

When Everything is Important

Providers Receive Near-Daily Changes to Patient Picture

Provider Data Sources

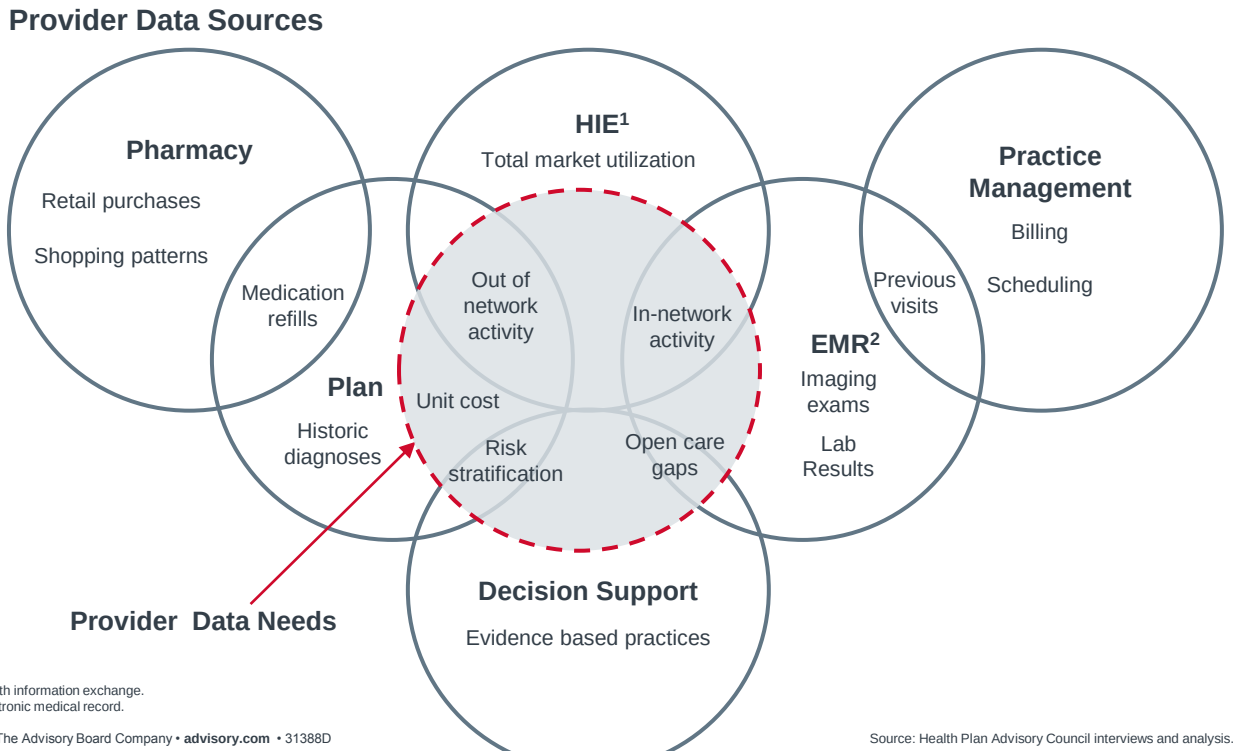


1) Electronic medical record.

Source: Health Plan Advisory Council interviews and analysis.

Lacking a Single Source of Truth

Duplicative Sources Occasionally Contradictory, Often Unnecessary



1) Health information exchange.
2) Electronic medical record.

Source: Health Plan Advisory Council interviews and analysis.

Selling Your Value

How Plans Need to Convince Providers to "Use Their Color"

Provider Data Strategy

Focused Reports

Make products intuitive and similar to others that they might use

Ingratiated Teaching

Demonstrate to providers how they can use this product to transform their practices

Effortless Interaction

Create a seamless process to make it easy to use the product

Reciprocal Benefits

Show how using the product will benefit providers' strategic priorities

Increased Data Demand

Providers requesting and using data to drive quality improvement initiatives

Source: Health Plan Advisory Council interviews and analysis.

How to Sell Data to Providers

1

Focused Reports

1. Reporting Consistency
2. Missed Earnings

2

Ingratiated Teaching

3. Personality Tests
4. Matched Resources
5. Leader Engagement
6. Autonomous Improvement

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Effortless Interaction

7. Forced Prioritization
8. Meeting Management
9. Provider Pods
10. Financially-Aligned Plans

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Reciprocal Benefits

11. Provider-Financed Consulting
12. Start-up Financing
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An Undue Burden

Report Diversity Slows Down Practice

Data Report Attributes

AESTHETICS

Organization

Length

Graphics

DATA

Content

Granularity

Customization

Time Period

Patient Panel

Time Drain

"It takes so much time on my part to learn how to read each health plan's data reports. It's a significant inconvenience."

Director, Quality Improvement and Care Management at Presto Health[1]

15

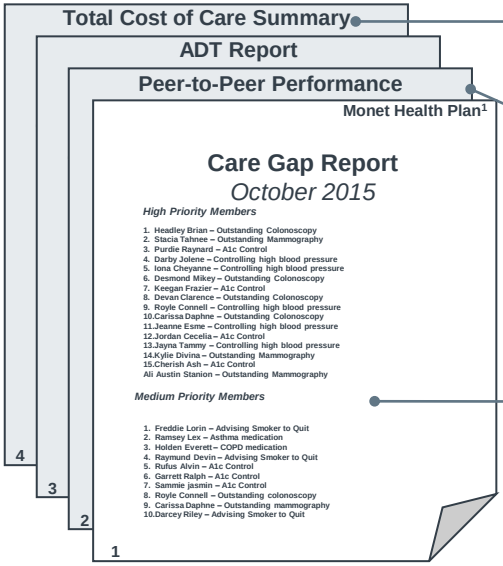
Average number of health plans that providers typically work with simultaneously

1) Pseudonym.

Source: Health Plan Advisory Council interviews and analysis.

Principles of Good Design

Ideal Data Report



Customized analytics based on provider priorities and interests

Quickly displays **relative performance** to highlight areas of improvement

Risk stratification provides insight into additional services and resources member might need

1) Pseudonym

Source: Health Plan Advisory Council interviews and analysis.

Collective Input

TennCare Gains Buy-in By Gathering Opinion

Case in Brief: TennCare

- Tennessee's Medicaid program that serves 1.3M members
- Requires MCO[1] participants in the Tennessee Health Care Innovation Initiative to adopt their data report template

TennCare Valued Feedback

160 Number of stakeholder roundtable meetings TennCare held over 14 months with 180 different groups.

Stakeholder Roundtable Participants

February 2013-April 2014

1) Managed care organization.
2) Pharmacy benefit managers.

Source: "Provider Stakeholder Group Meeting Presentation," State of Tennessee Health Care Innovation Initiative, August 13, 2014, available at: https://www.tn.gov/assets/entities/hcfa/attachments/AugProviderMeeting14.pdf; Health Plan Advisory Council interviews and analysis.

State-Mandated Consistency

TennCare Dictates Program and Report Terms

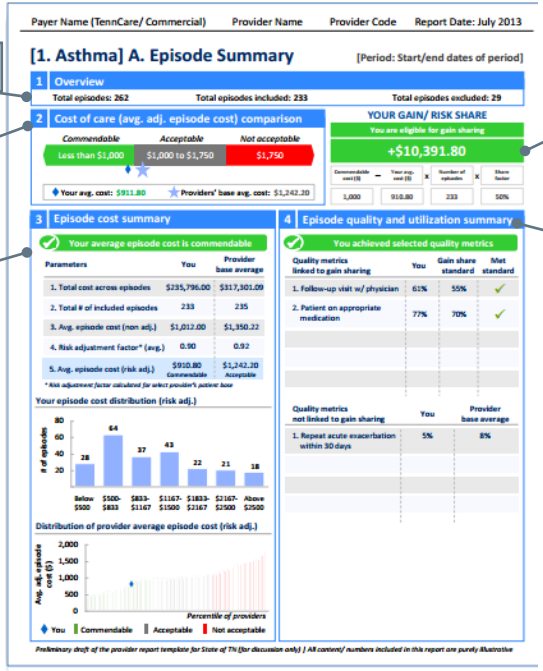
Provider Benefits

- Enhanced readability
- Decreased training

Plan Benefits

- Enhanced communication
- Decreased production costs

TennCare's Episode Summary Report



Overview

Cost of care comparison

Episode cost summary

Provider gain / risk share

Episode quality & utilization summary

Source: "Guide to Reading Your Episode of Care Report," State of Tennessee Health Care Innovation Initiative, available at: https://www.tn.gov/assets/entities/hcfa/attachments/Howtoguide.pdf; Health Plan Advisory Council interviews and analysis.

Focus on the Loss

Target the Right People with the Right Information

Health Partners Plans' Incentive Distribution

Target Finance Personnel → **Show Providers Missed Earnings** → **Package Check with Data Report**

Measure	Care Gaps	Missed Earnings	Actual Earnings[2]	Percentile Rank
Cardiovascular LDL Control	100/ 125	$2,500		90th
Pneumonia Vaccination Status for Older Adults	45/90	$4,500		50th
Diabetic Patients w/ Most Recent LDL > 100 mg/dl	25/ 100	$7,500		30th

Clear visual representation of missed revenue relative to total opportunity

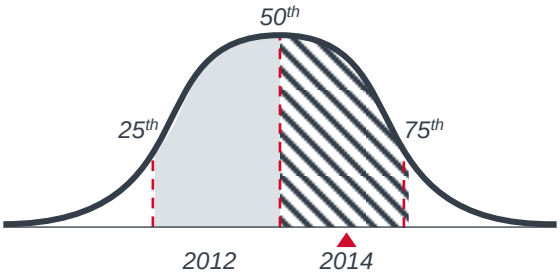
Network comparison incites competition

Source: Health Partners Plans; Health Plan Advisory Council interviews and analysis.

Highlighting True Physician Performance

Health Partners Plans' HEDIS[1] Score Performances

By Percentile; 2012-2014



1st Health Partners Plans' HEDIS score rank in Pennsylvania

Shining a Spotlight

"Physicians think they are performing above average and these missed earnings reports shed light on their true performances. These reports motivate them because they show how physicians could be doing better."

Dr. Steven Szebenyi
Chief Medical Officer, Health Partners Plans

1) Healthcare Effectiveness Data and Information Set.

Source: Health Partners Plans; Health Plan Advisory Council interviews and analysis.

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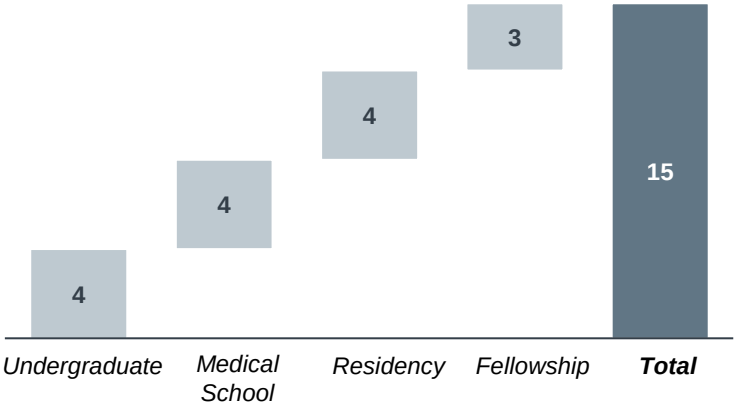
Providers are Natural Students

Years of Education Required to Become Physician



Lifelong Learners

"There's always more to learn, and no matter how hard any of us try, there's rarely enough time for one person to learn it all."

Theresa Brown, R.N.

Source: Brown, T, "Doctors and Nurses, Still Learning," New York Times Blog, April 29, 2009, available at: http://well.blogs.nytimes.com/2009/04/29/doctors-and-nurses-still-learning/?_r=1. Health Plan Advisory Council interviews and analysis.

Plans are Uneasy Teachers

Making Wrong Moves Turns Off Providers from Learning

Plan Actions To Support Providers in Data-Sharing

Current Practice		*Suggested Practice*
 Communicate with providers based on plan priorities rather than provider needs	→	Match teaching styles based on provider experience and current ability
 Ignore slow learners in provider network	→	Additional support services for low-performing providers to engage in data use
 Interact with provider leadership only when a problem arises	→	Initiate discussions at leadership level to disseminate efforts across organization
 Dictate the terms of performance improvement for the provider	→	Empower providers to self-identify areas for improvement using data

Source: Health Plan Advisory Council interviews and analysis.

Designated Analysts Boost Provider Capacity

Analysts Customize Teaching, Create Continuity of Relationship

Custom Pairings of Plan and Provider Staff

Providers

Beginners
"This report is so confusing. I don't understand it."

"How do I access the Provider Dashboard?"

Intermediate
"How can we run this analysis regularly?"

Advanced
"How can I use this data to see the types of people frequenting the emergency room?

Plan Staff

Patient Teacher and Communicator

"Let me run over it with you."

"Let me show you."

Motivator

"I can come next week to train your providers. Let's see if we can make this easier for you!"

Innovator

"Let me show you how to apply this information to other trends."

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.

No Provider Left Behind

Capital BlueCross Proactively Helps Providers Perform Better

Quality*First* Accountable Care Arrangement℠ Program

Provider Engagement Strategy	90th Percentile	25th Percentile
Meets quarterly to discuss clinical performance	✓	✓
Distributes performance-based incentives for achieving Triple Aim attainment and improvement levels	✓	✓
Identifies and communicates root cause(s) of low performing providers		✓
Deploys resources to implement best practices		✓

ACA[1] Program Results

35%
Reduction in inpatient admissions

8%
Reduction in readmissions

8.4%
Reduction in ER visits

1) Accountable Care Arrangement.

Source: Capital BlueCross; Health Plan Advisory Council interviews and analysis.

Leadership Investment Pays Dividends

Peer to Peer Engagement Bolsters Provider Confidence

Leadership Qualities

Picasso Health Plan[1] Medical Director

- In-depth knowledge of provider market
- Ability to use data to inform trouble-shooting
- Capacity to consult on short-term vision with long-term goals in mind

Practice Medical Director

- Interest in managing an aging population under risk
- Ability to campaign and get buy-in internally for data-sharing initiatives
- Knowledge of how to manage geriatric-specific conditions

Joint Activities

- Launched Medicare Advantage boot camp to onboard all new Medical Directors
- Met regularly during monthly Medical Directors Forum
- Decided on engagement strategy and co-created the terms of the informal consultation

1) Pseudonym.

Source: Health Plan Advisory Council interviews and analysis.

Reigning in Outliers by Reinforcing Leaders

Targets for Readmission Reduction

	SNF[1] Days	*Medication Adherence*
		
Intervention	Provider used SNF utilization data to create a list of preferred skilled nursing facilities.	Using patient discharge and medication lists, providers developed a customized platform using FaceTime for virtual pharmacist follow-up.
Plan Leader Role	• Offered SNF utilization data and highlighted areas of improvement • Advised on how to re-shape agreements with SNFs	• Consulted on how to best allocate resources • Advised on how to allot pharmacist time
Provider Leader Role	• Agreed to cut SNFs out • Disseminated list of preferred SNFs throughout the organization	• Rolled out innovation through staff delegation and project planning • Inspired buy-in from other provider staff

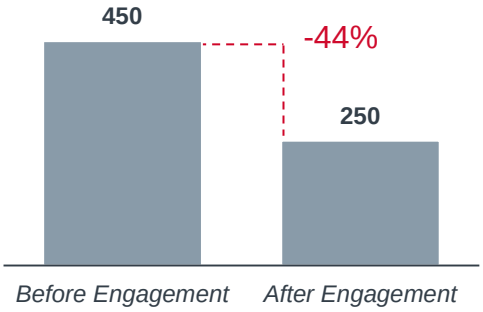
1) Skilled Nursing Facilities

Source: Health Plan Advisory Council interviews and analysis.

Keeping Good Results In-Network

Readmission Rate

Readmissions Per 1,000 Members



> "After a long two years, they really did turn it around. When we look at where they are now, especially for a smaller provider, they are one of the higher performers in our network, considering their utilization measures, risk score and overall financial performance in MA."
>
> *Executive in Network Contracting, Picasso Health Plan*

Source: Health Plan Advisory Council interviews and analysis.

Letting Providers Lead

MACIPA Instills Project Ownership to Enhance Clinical Performance

Project Selection Process

Performance Report		*Potential Initiatives*	*Provider Proposal*
↑ ED utilization	→	Increase NP[1] home visits	
↑ **Readmissions**	→	**Improve post-discharge follow-up**	1. Assign care managers 2. Schedule PCP appointment before discharge 3. Prioritize home visits
↓ Avoidable admissions	→	Coordinate with SNFs	
↑ Diabetics in poor control	→	Coordinate metabolic team with PCPs[2]	

Benefits of the QI Projects

- Improved care quality and member satisfaction
- Surplus distribution program eligibility
- Showcase at annual year-end conference

Case in Brief: Mount Auburn Cambridge Independent Practice Association (MACIPA)

- 500-physician multispecialty practice in Massachusetts
- MACIPA requires all specialty groups to conduct one QI[3] project annually on underperformance areas to be eligible for the surplus distribution program

1) Nurse practitioner.
2) Primary care physicians.
3) Quality improvement.

Source: Mount Auburn Cambridge Independent Practice Association; Health Plan Advisory Council interviews and analysis.

Providers' Own Results

Practice Autonomy Creates Sustainable Changes

Gastroenterologists' Opportunity:

Decrease variability in GERD[1] endoscope performance

Internal Operations

Developed a single protocol for treating GERD, consistent with national standards

External Community

Educated PCPs[2] on the new treatment algorithm and when to refer for endoscopies

Results

- Variability in endoscope performance
- Number of endoscopes performed

Seeing the Bonus

65% Average percentage of specialists who receive QI bonus

1) Gastroesophageal reflux disease.
2) Primary care physicians.

Source: Mount Auburn Cambridge Independent Practice Association; Health Plan Advisory Council interviews and analysis.

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Are You Too Much To Handle?

Physicians Overburdened by Numerous Plan Needs

Plan Obstacles to Provider Ambitions

Provider Priorities

- Patient care
- Clinical research
- Marketing
- Technology investments

Diversity - Most providers are working with an average of 8 to 15 plans

Time - Administration already takes too much of providers' time and attention

Analytics - Providers are in various stages of IT and analytic capability, hampering effective data use

PCPs and specialists feel **overwhelmed** and **frantic** by mountains of data sent by plans demanding action

Source: "Provider Attitudes Toward Value-Based Payment Models," Availity, April 2014, available at: http://www.availity.com/wp-content/uploads/2014/05/provider-attitudes-research-availity-may2014.pdf /; Health Plan Advisory Council interviews and analysis.

Avoiding Time Traps

Plans Can Find Opportunities to Save Providers Time

Perceived Time Wasters

1

Using Plan Data

Providers spend time figuring out which reports go with each member and what that member might need

2

Meeting on New Initiatives

Multiple stakeholders involved in each decision preventing efficiencies in working with the plan

3

Re-discussing Priorities

Plan turnover and non-dedicated staff create redundancy in repeating background with each new request

Source: Health Plan Advisory Council interviews and analysis.

An Extra Pair of Hands

Make it Easy for Providers to Prioritize Your Patients

Plan Navigator Process

Health Plan Mines Provider Schedule and EMR

Weekly Calls Identify Care Gaps

Practice Flags Action for the Provider

Patient Name	Insurance	Appointment Time
Jones, Clark	AHP	9:30 AM
Kasich, Joe	LHP	9:45 AM
Lamont, Kelsey	AHP	10:00 AM
Nesbit, Chelsea	LHP	10:15 AM

"Mr. Jones is coming in two weeks to your facility for an appointment. He has an outstanding diabetic eye exam that we'd like to flag for completion."

Patient Name	Outstanding Care Gap
Jones, Clark	Diabetes Eye Exam
Lamont, Kelsey	HbA1c Screening

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.

Working Behind the Scenes

Navigator Member Management

Compliance Check

1. Logs into population health management tool to pull percentage compliance[1] for each member on plan-wide select chronic conditions.
2. Uses compliance information to inform coaching and questions to the member.

12% Improvement on diabetes quality measures for all participating clinics

Member Calls

Weekly Call Report

- ❑ Identifies whether call was successful
- ❑ Notes type of care gap, intervention, and barrier
- ❑ Notes any additional provider education provided through phone conversation
- ❑ Notes any member complaint or reason for care gap

1) Percentage compliance is calculated by whether specific quality metrics have been met and care gaps closed for each chronic condition.

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.

Common Language Leads to Provider Progress

Meeting Stratification Maximizes Provider Capacity for Kahlo Health Plan[1]

	Monthly Data Meetings (1 hour)	*Quarterly Leadership Meetings (2 hours)*	*Monthly Quality Meetings (1 hour)*
			
Scope	Dig deeper into TCOC[2] data and determine areas of focus	Review high-level performance around TCOC and Quality	Dig deeper into quality data and determine areas of focus
Sample Attendees	*Plan:* Contract Manager, TCOC Consultant, Director of Finance *Provider:* Contract Manager, Finance Analyst	*Plan:* Director of Provider Relations, Quality Program Manager, Contract/Account Manager, Director of Finance, TCOC Consultant, Medical Director *Provider:* VP of Revenue Management, CMO, Director of QI, Director of Contracting, Contract Manager	*Plan:* Contract Manager, Medical Director, Quality Program Manager *Provider:* Provider Medical Director, Director of Quality, Quality Coordinator
Sample Agenda Items	• Follow-up from Leadership Meeting • Review High Tech Imaging Utilization and Outflow	• Quarter 1- TCOC Review • Quarter 2- Quality Review	• Follow-up from Leadership Meeting • Admissions: Top Diagnoses and Admissions by Clinic

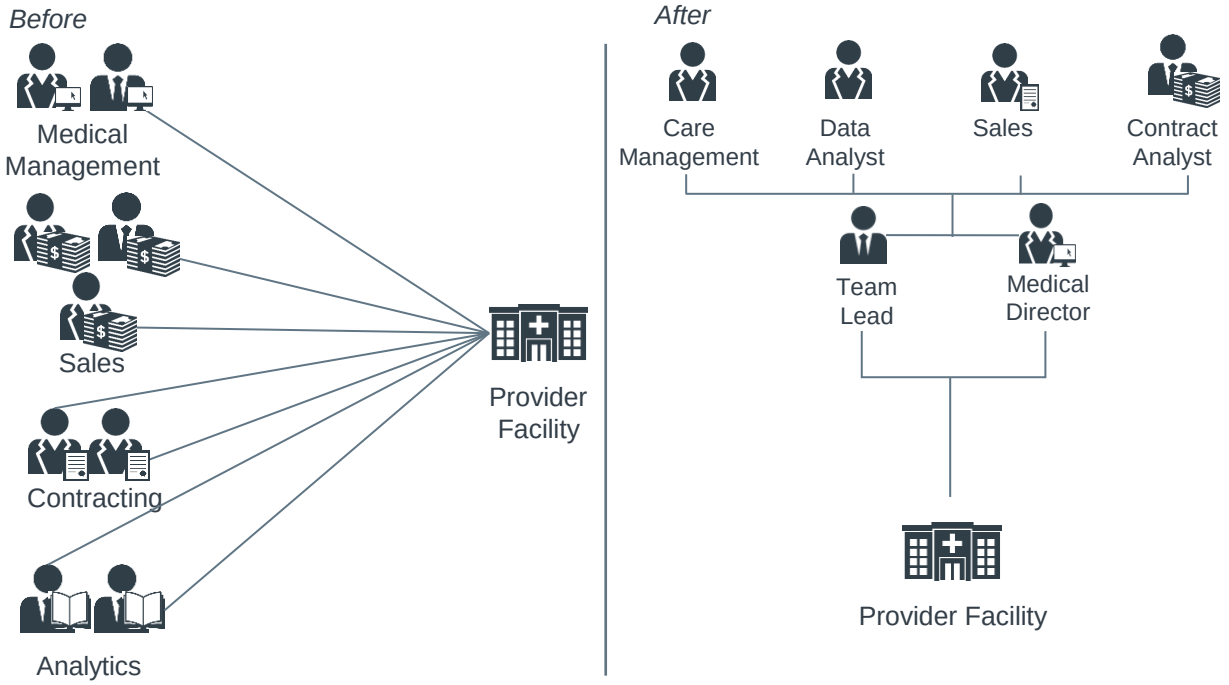
1) Pseudonym.
2) Total cost of care.

Source: Health Plan Advisory Council interviews and analysis.

Team-Based Care

Dedicated Teams for Accountable Care Networks

Priority Provider Staffing Model

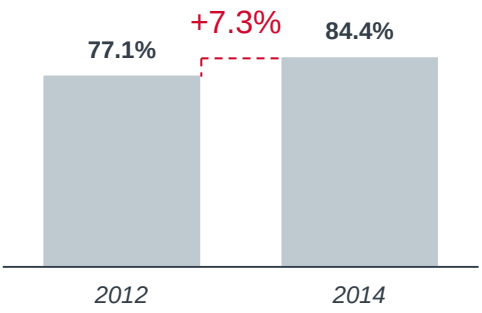


Source: Priority Health; Health Plan Advisory Council interviews and analysis.

Satisfied Customers

Reporting Structure Enables Productive Plan Help

Provider Satisfaction



> "Previously, we had numerous independent initiatives with our provider partners that were managed at the department level. The IDT teams have helped us collectively manage our portfolio of improvement activities and allowed us to get greater utility from our analytic resources."
>
> *Molly McCarthy, AVP*
> *Provider Network Performance*
> *Priority Health*

Interdisciplinary Team Benefits

- Improved **internal communication** of provider needs and strategies
- Strengthened **plan structure** through skillset specialization
- Enhanced **provider engagement** on pre-existing and new initiatives
- Focused **data analytics** efforts and incorporation into business strategy

Source: Priority Health; Health Plan Advisory Council interviews and analysis.

Fully Aligned Incentives

Tying Financial Stake for Plan Staff to Provider Performance

Provider Quality Specialists' Job Description at Dali Health Plan[1]

About The Role

- **Background:** Analytics savviness, ability to communicate successfully with both providers and business managers; familiarity with clinical care
- **Tools and reports:** Member roster; care gap reports; provider profiling data; "frequent flier" ED reports by member; MLR[2] and other cost of care data; incentive performance status
- **Metrics of success:** Provider group's clinical quality and cost performance

> We are seeing a more effective focus on the part of medical groups on what needs to be done to improve metrics that influence financial incentives.
>
> *Vice President, Network Management*

Provider Quality Specialists:

1. Provide timely data to the provider
2. Intervene proactively and engage with providers due to ongoing relationship
3. Understand both clinical and analytical data to translate actionable items for the provider
4. Communicate how improved performance can increase group's financial incentives

1) Pseudonym.
2) Medical loss ratio.

Source:; Health Plan Advisory Council interviews and analysis.

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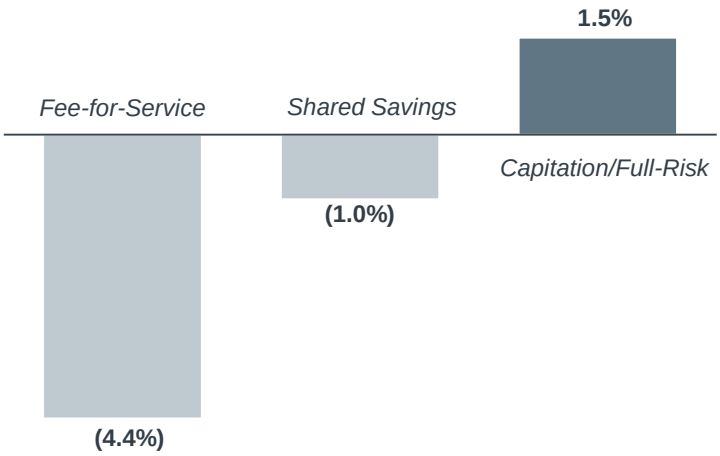
14. Awards Incentive
15. Referral Management

Hesitant to Take the First Step

Economics of Contracts Put Long-Term Sustainability Into Question

Margin Impact of 10-Percent Reduction in Inpatient Utilization

Under Various Payment Models



What's In It for Us?

There is no real upside. You are taking on risk and have to manage utilization. It's a cost reduction strategy – you won't find any benefit from taking on risk for capping your utilization.

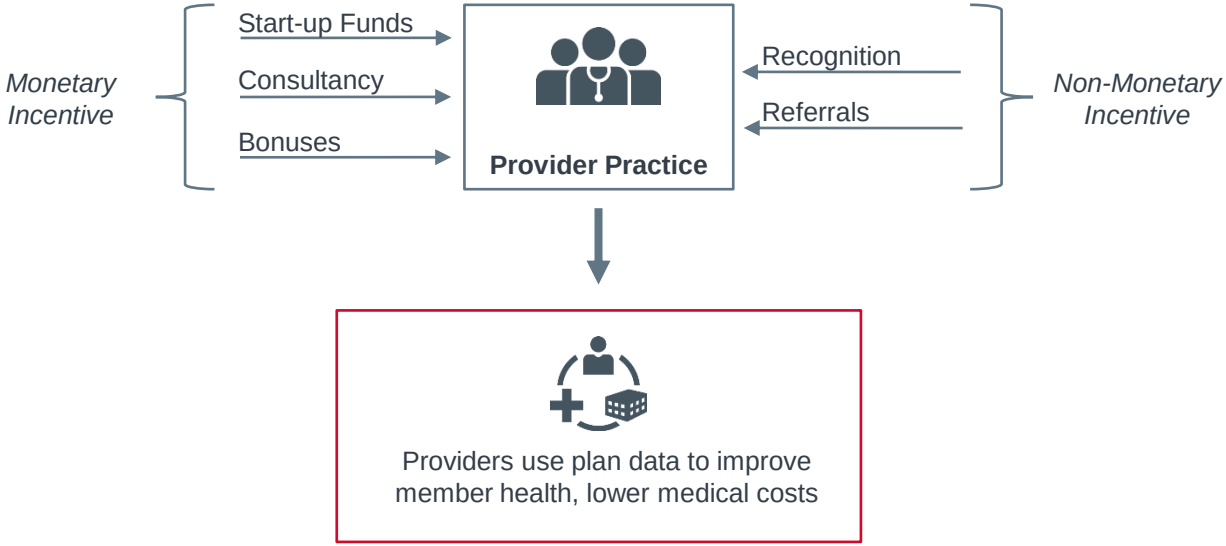
Chief Financial Officer, Small Health System in Northeast

Source: Health Plan Advisory Council interviews and analysis.

Show Me The Money (or Not)

Plan Incentives Designed to Accelerate Transition to Value-Based Care

Provider Incentives



Source: Health Plan Advisory Council interviews and analysis.

Committed Finances

Passport Requires Provider Investment in Collaboration

Passport Health Plan's Selection Process

125 Total Providers in Network

Questions

- *Does Passport have a good relationship with the provider?*
- *What is Passport's market share in the provider's market?*
- *How many high-risk members does the provider have in their market?*

7 Potential Provider Partners

Questions

- ***Is the provider willing to pay for assessment of opportunities?***
- *Is there buy-in from internal and external stakeholders for this project?*
- *Does the provider have adequate IT and data infrastructures?*

2 Provider Partners

Decision Factors

- ✓ Willing to finance consulting services
- ✓ Strong relationship with Passport
- ✓ Small, rural providers with strong internal and external buy-in

Source: Passport Health Plan; Health Plan Advisory Council interviews and analysis.

Peeking Under the Practice

Passport Assesses Providers Before Partnering

Readiness Assessment Survey[1]

Provider Questionnaire

Leadership
- What are your institution's revenues by payer type?
- What are your institution's inpatient admissions? Outpatient admissions?

IT Infrastructure
- What is your institution's EMR system?
- What are current interoperability challenges?

Diagnoses
- Please list the 10 most common diagnoses at your institution.

Physician Relations
- To what degree does your institution have physician alignment?

Internal Interviewees
- C-Suite
- Project champions (e.g., Project Managers from the Strategic Planning and Project Management departments)

Goal: Evaluate staffing and IT capabilities, and organizational willingness and readiness to change

External Interviewees
- Local pharmacists
- Post-acute care facilities
- Public health officials
- Social workers
- Community advocates

Goal: Determine community opinions of the provider and ability to support population health

1) Survey questions are generated and sent electronically to providers via SurveyMonkey.

Source: Passport Health Plan; Health Plan Advisory Council interviews and analysis.

Calculating Provider Returns

Show Providers Costs and Gains to Instill Confidence

Financial Inputs of Passport's Population Health Model

Cost Inputs

- Staff (e.g., data analysts, care navigators, and social workers)
- EMR and other IT upgrades
- Interventions
- Relationships with other community providers

Financial Model

Calculated return for providers in value-based contract

Potential Revenue

- Increased volumes
- Patient satisfaction bonuses
- Shared savings bonuses
- Coding efficiency bonuses

Reducing ED Utilization

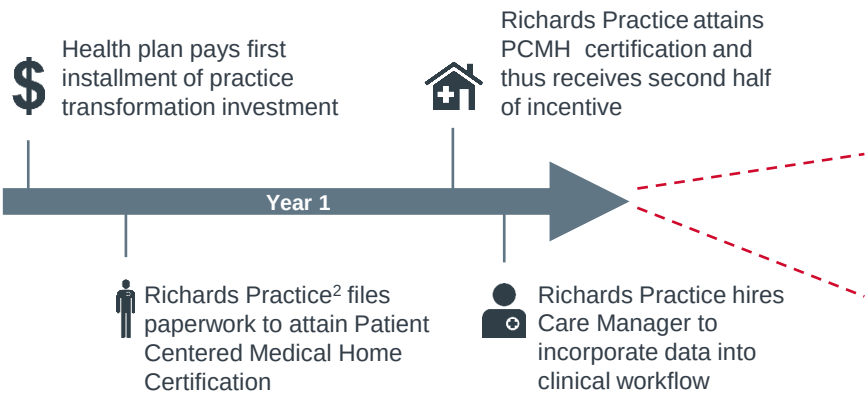
10% Target ED utilization reduction rate for Passport's two provider partners

Source: Passport Health Plan; Health Plan Advisory Council interviews and analysis.

Offering Bridge Financing to Get Started

Incenting Success by Tying Ask to Money

Degas Health Plan[1] PCMH Start Up Investment



- Plan achieves quality goal for the year
- Provider attains PCMH certification
- Funds can be used by providers to directly invest into further practice transformation

- Practice does not attain PCMH certification
- Practice does not receive second installment of practice transformation investment
- Practice is not eligible to earn Total Cost of Care Shared Savings or Quality Improvement incentives until certified

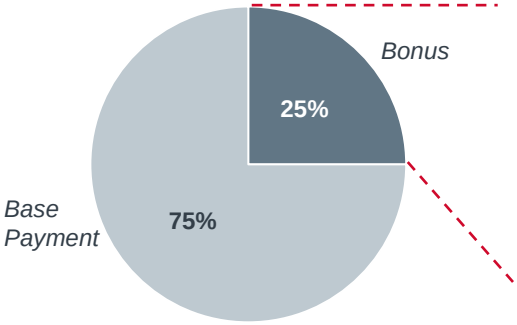
1) Pseudonym.
2) Pseudonym.

Source: Health Plan Advisory Council interviews and analysis.

Bonus Resources

Large Incentive Provides Funds for Practice Enhancements

Provider Payment Structure



Investments Possible

- Staff to access portal
- Extended practice hours
- Additional phone support

10%
Reduction in avoidable ED visits since 2013

Case in Brief: Central California Alliance for Health (CCAH)

- Non-profit health plan that serves over 325,000 members in the Santa Cruz, CA area
- Providers eligible for bonus if they meet or surpass clinical performance benchmarks set by peers
- ED utilization data available through CCAH portal

Source: Central California Alliance for Health; Health Plan Advisory Council interviews and analysis.

Complement Incentives with Recognition

Provider Efforts Applauded, Competition Inspires More Action

Quality Rewards Met With Enthusiasm

Blue Cross Blue Shield of Louisiana dedicates an entire day to recognizing provider quality efforts and disseminating best practices.

Providers receive annual rewards for best performance on four chronic diseases in quality program, propelling competition amidst providers.

Winning performers are featured in online provider listing, local and statewide press releases, and on social media.

Quality Blue Primary Care Promotional Toolkit

- Copies of Quality Blue program logo with instructions for proper use
- Template press release to announce program participation
- Template text and samples for social media posts

>200

Attendees at the Annual Rewards Collaborative Day

69%

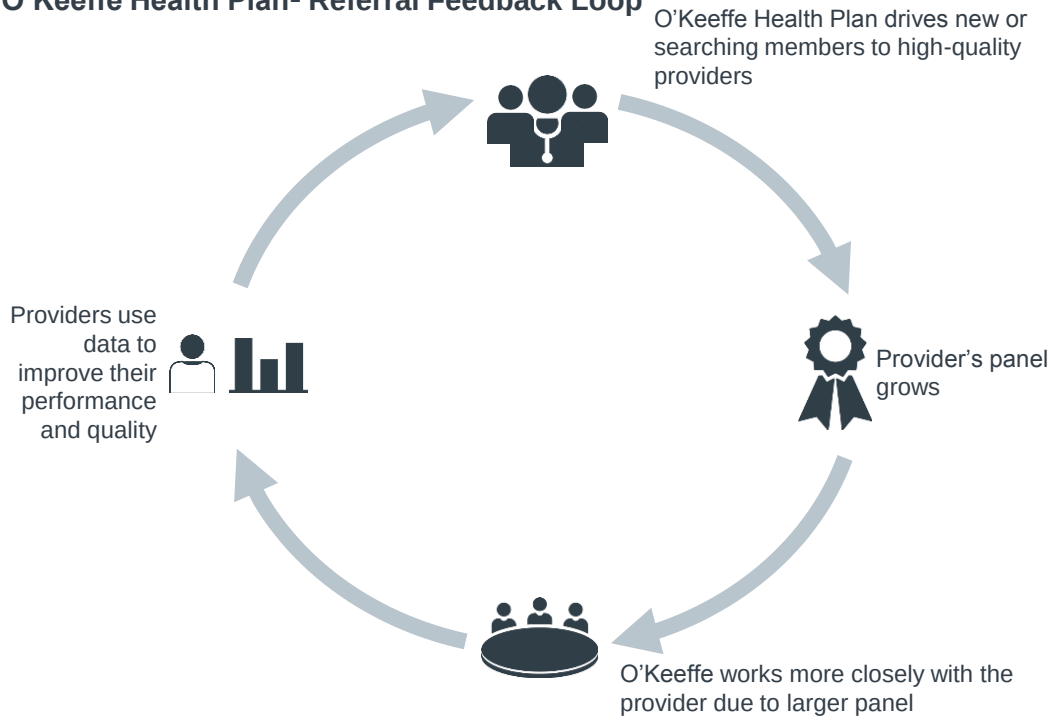
Improvement on chronic kidney disease measures

Source: Blue Cross and Blue Shield of Louisiana; Health Plan Advisory Council interviews and analysis.

Use Quality Performance as Referral Opportunity

Offer Members the Value of Your Highest Performers

O'Keeffe Health Plan[1] Referral Feedback Loop



1) Pseudonym.

Source: Health Plan Advisory Council interviews and analysis.

How to Sell Data to Providers

1

Focused Reports

1. Reporting Consistency
2. Missed Earnings

2

Ingratiated Teaching

3. Personality Tests
4. Matched Resources
5. Leader Engagement
6. Autonomous Improvement

3

Effortless Interaction

7. Forced Prioritization
8. Meeting Management
9. Provider Pods
10. Financially-Aligned Plans

4

Reciprocal Benefits

11. Provider-Financed Consulting
12. Start-up Financing
13. Bonus Investing
14. Awards Incentive
15. Referral Management

Road Map

1 The Data Diet

2 How to Sell Data to Providers

3 Questions