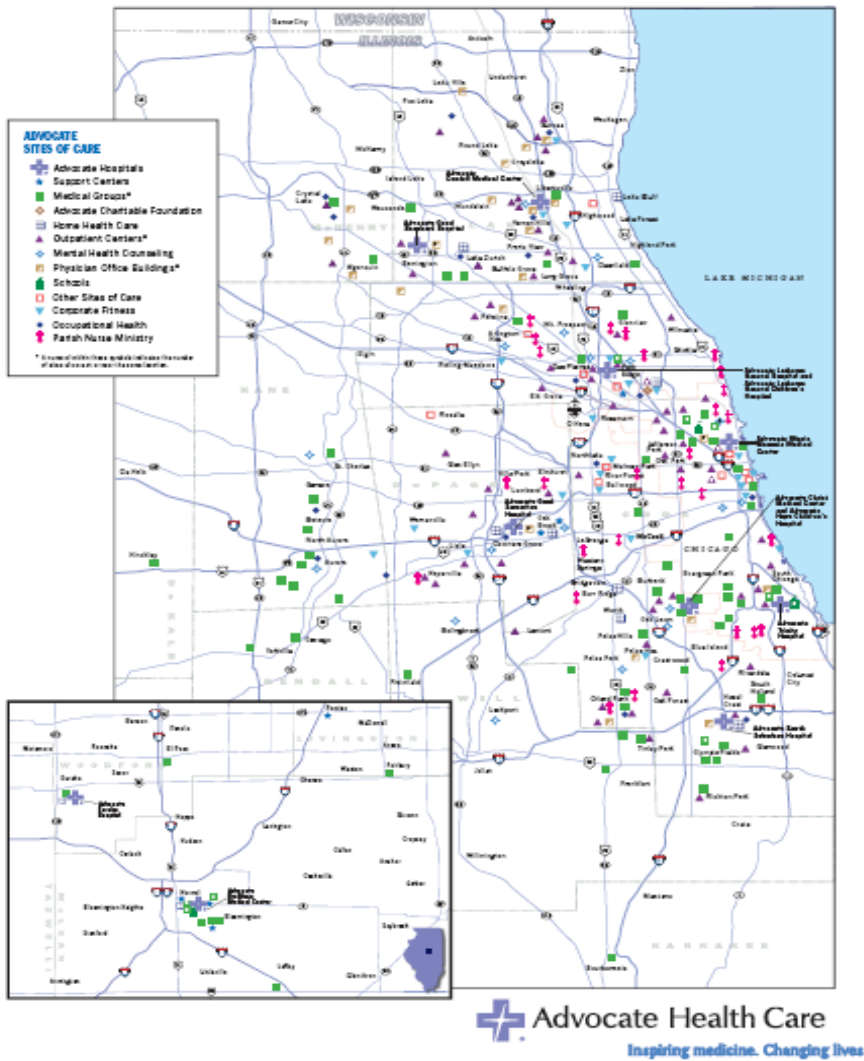


Ambulatory Sensitive Admissions

Dana L. Gilbert
Chief Operating Officer

Sharon Rudnick
Vice President Outpatient Care Management

Sites Of Care



Advocate Health Care

12 Hospitals

- 10 acute care hospitals
- 1 children's hospital
- 1 critical access hospital
- 5 level 1 trauma centers
- 3 major teaching hospitals
- 2 physician groups with 1,300 physicians
- 34,000 Employees

Advocate Physician Partners

- Clinically integrated network
- Joint physician and hospital system governance
- 4,500 physicians
- Largest ACO in United States
- 609,000 patients

Pluralistic Physician Approach

Active physicians on medical staffs (6,400)

APP physicians (4,500)
25% PCPs; 75% specialists

Employed/affiliated
(1,300)

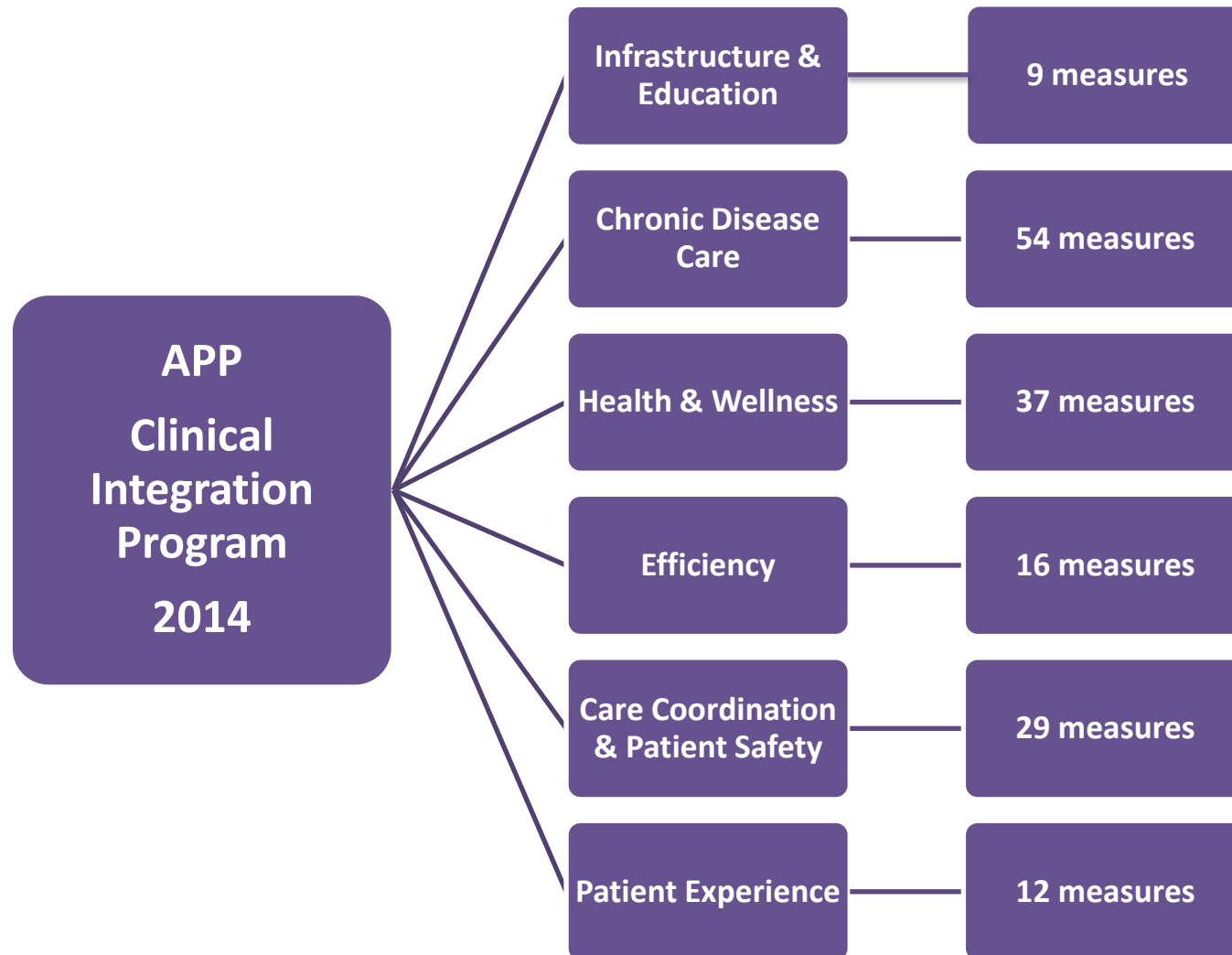
APP Aligned
(3,200)

Independent non-APP
(1,900)

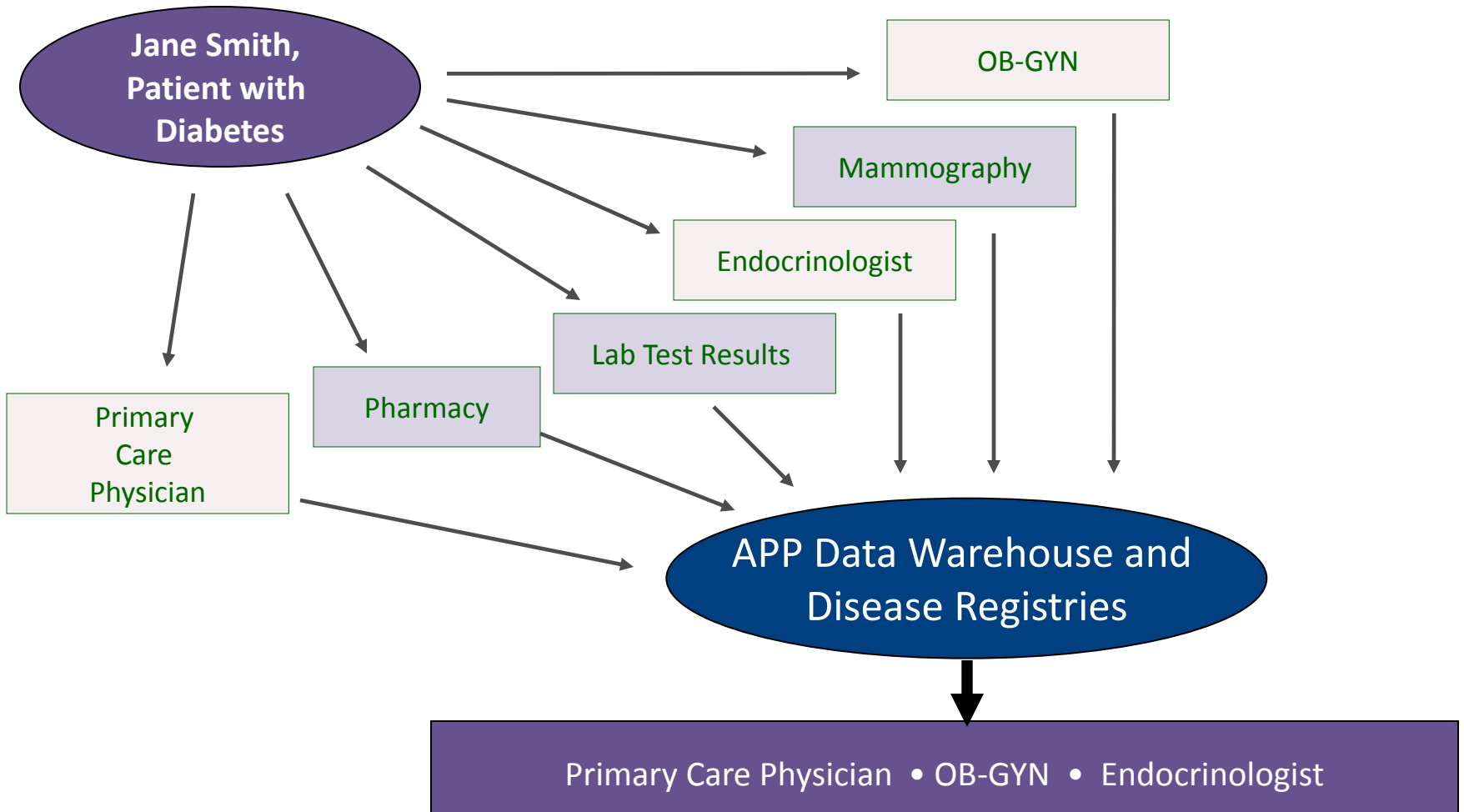
Advocate
Medical
Group
(1,100)

Dreyer
Medical
Clinic
(200)

Clinical Integration Program Structure



What Clinical Integration Looks Like



2013 CI Results: Diabetes Performance Measures

Diabetes Performance Measures	Exceeds NCQA 50 th Percentile (HMO/PPO/POS)	Exceeds NCQA 90 th Percentile (Blended HMO/PPO)
Diabetes - Age <65 Hypertension Control <140/80		
Diabetes - Age <65 Hypertension Control <140/90		
Diabetes - Age <65 % of HbA1c control < 9		
Diabetes - Age <65 Nephropathy Testing		
Diabetes - Age ≥65 Hypertension Control <140/90		
Diabetes - Age ≥65 % of HbA1c control < 8		
Diabetes - Age ≥65 % of HbA1c control < 9		
Diabetes - Age ≥65 % of LDLs performed		
Diabetes - Age ≥65 % of LDLs < 100 mg/dL		

2013 CI Results: Cardiac, COPD, Asthma Performance Measures

Cardiac Performance Measures	Exceeds NCQA 50th Percentile (HMO/PPO/POS)	Exceeds NCQA 90th Percentile (Blended HMO/PPO)
IVD/CAD – Age <65 % of Blood Pressure Control <140/90		
IVD/CAD – Age ≥65 % of LDLs performed		
IVD/CAD – Age ≥65 % of LDLs <100 mg/dL		
HBP – Age ≥65 % of Blood Pressure Control <140/90		

Asthma and COPD Performance Measures	Exceeds NCQA 50th Percentile (HMO/PPO/POS)	Exceeds NCQA 90th Percentile (Blended HMO/PPO)
Age <65 Asthma Medication Management		
Age <65 COPD – Spirometry Evaluation		
Age ≥65 COPD – Spirometry Evaluation		

Advocate's Population Health Value Based Agreements

Contract	Lives	Total Spend
Commercial	412,000	\$1.5 B
Medicare Advantage	32,000	\$0.3 B
Advocate Employee	23,000	\$0.1 B
Medicare ACO	142,000	\$1.7 B
Total	609,000	\$3.6 B
Projected Medicaid ACE Eligible Patients	40,000 – 80,000	TBD

AHRQ Prevention Quality Indicators

The Agency for Healthcare Quality and Research (AHRQ) developed Prevention Quality Indicators (PQI) to measure potentially unnecessary hospitalizations for Ambulatory Sensitive Conditions

Ambulatory Sensitive Conditions are conditions for which proper and timely outpatient care may prevent admission or for which early intervention may prevent complications or more severe disease

AHRQ Prevention Quality Indicators

PQI 1	Diabetes Short-Term Complications Admission
PQI 2	Perforated Appendix Admission
PQI 3	Diabetes Long-Term Complications Admission
PQI 5	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
PQI 7	Hypertension Admission
PQI 8	Heart Failure Admission
PQI 9	Low Birth Weight
PQI 10	Dehydration Admission
PQI 11	Bacterial Pneumonia Admission
PQI 12	Urinary Tract Infection
PQI 13	Angina Without Procedure Admission
PQI 14	Uncontrolled Diabetes Admission
PQI 15	Asthma in Younger Adults Admission
PQI 16	Lower-Extremity Amputation among Patients with Diabetes

AHRQ Prevention Quality Indicators

Indicator	Definition
Diabetes Short-Term Complications Admission	<ul style="list-style-type: none"> - Principal diagnosis of diabetes - Short-term complications (ketoacidosis, hyperosmolarity, or coma) - Ages 18 years and older
Perforated Appendix Admission	<ul style="list-style-type: none"> - Diagnosis of perforations or abscesses of the appendix - Appendicitis diagnosis - Ages 18 years and older.
Diabetes Long-Term Complications Admission	<ul style="list-style-type: none"> - Principal diagnosis of diabetes - Long-term complications (renal, eye, neurological, circulatory, or complications not otherwise specified) - Ages 18 years and older
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	<ul style="list-style-type: none"> - Principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma - Ages 40 years and older
Hypertension Admission	<ul style="list-style-type: none"> - Principal diagnosis of hypertension - Ages 18 years and older - Exclusions: kidney disease with dialysis access procedure, cardiac procedures
Heart Failure Admission	<ul style="list-style-type: none"> - Principal diagnosis of heart failure - Ages 18 years and older. - Exclusion: cardiac procedures
Low Birth Weight	<ul style="list-style-type: none"> - Low birth weight (< 2,500 grams) infants - Exclusion: transfers from other institutions
Dehydration Admission	<ul style="list-style-type: none"> - Principal diagnosis of dehydration - Ages 18 years and older

AHRQ Prevention Quality Indicators

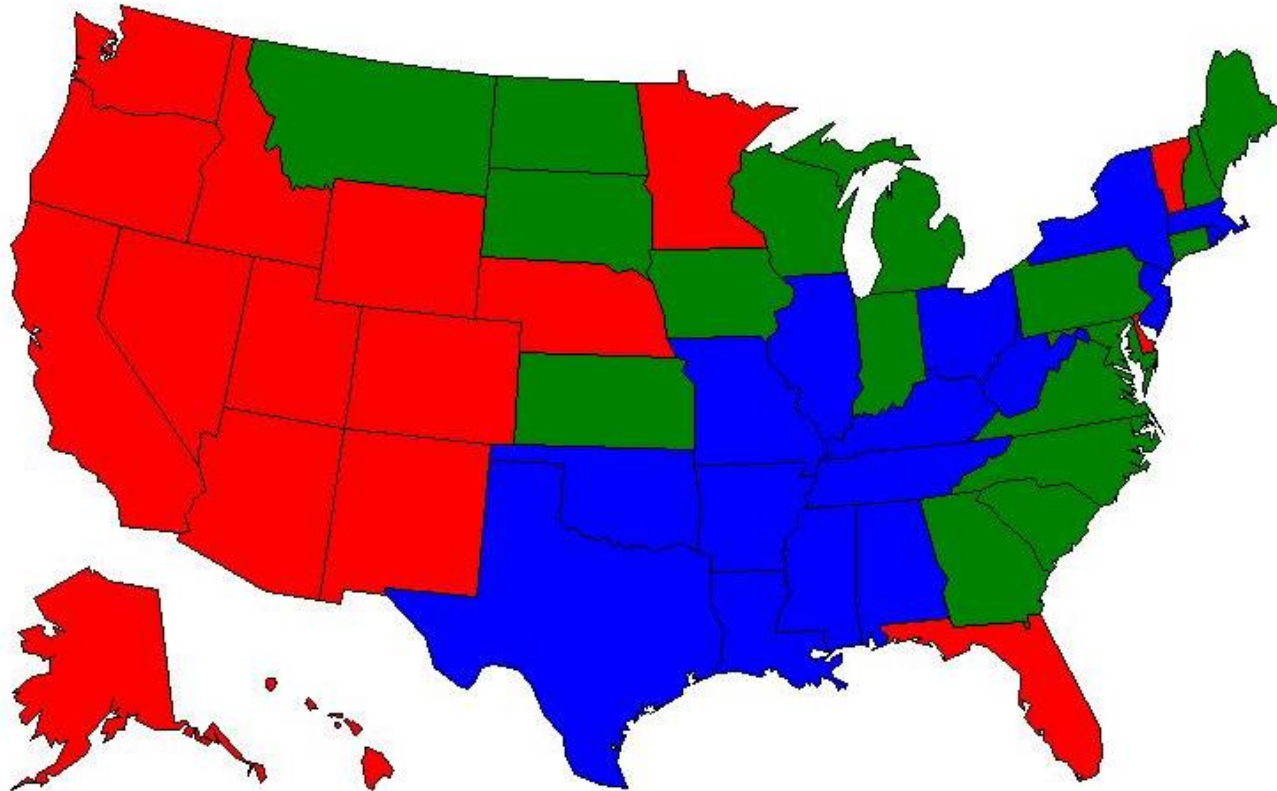
Indicator	Definition
Bacterial Pneumonia Admission	<ul style="list-style-type: none"> - Principal diagnosis of bacterial pneumonia - Ages 18 years and older - Exclusions: sickle cell or hemoglobin-S admissions, other indications of immunocompromised state admissions
Urinary Tract Infection	<ul style="list-style-type: none"> - Principal diagnosis of urinary tract infection -ages 18 years and older. -Excludes kidney or urinary tract disorder admissions, other indications of immunocompromised state admissions
Angina Without Procedure Admission	<ul style="list-style-type: none"> - Principal diagnosis of angina without a cardiac procedure - Ages 18 years and older
Uncontrolled Diabetes Admission	<ul style="list-style-type: none"> - Principal diagnosis of diabetes without mention of short-term (ketoacidosis, hyperosmolarity, or coma) or long-term (renal, eye, neurological, circulatory, or other unspecified) - Ages 18 years and older
Asthma in Younger Adults Admission	<ul style="list-style-type: none"> - Principal diagnosis of asthma - Ages 18 to 39 years - Excludes admissions with an indication of cystic fibrosis or anomalies of the respiratory system
Lower-Extremity Amputation among Patients with Diabetes	<ul style="list-style-type: none"> - Diagnosis of diabetes - Procedure of lower-extremity amputation - Ages 18 years and older - Exclusions: diagnosis of traumatic lower-extremity amputation admissions, toe amputation admission (likely to be traumatic)




Value of Preventive Quality Indicators

- Measures to assess organizations' management of their patient populations
 - Provide insight into community-based care/socioeconomic factors
 - Provide understanding about patients flow through the care continuum
- Linked to Quality
 - Indicators may identify potential problem areas for investigation
 - i.e. Delayed treatment/antibiotics may result in ***Bacterial Pneumonia*** admissions
- Provide check on Primary Care Access
 - May provide indication of unmet needs in community
 - i.e. With proper and timely care acute appendicitis should not progress to perforation or rupture and result in a ***Perforated Appendix***

Ambulatory Sensitive Admission by State

2007 Medicare SAF data



	5,795 or less per 100,000 Admissions
	5,796 - 7,118 per 100,000 Admissions
	7,119 or more per 100,000 Admissions

Source: <http://www.ahrq.gov/professionals/systems/hospital/red/readmissions/readslide8.html>

APP Distribution of ASC Admit Rate

Site	ASC Admit Rate/1000
Site 1	42.6
Site 2	50.7
Site 3	65.9
Site 4	70.1
Site 5	37.5
Site 6	53.1
Site 7	43.5
Site 8	70.1
Site 9	44.4
Site 10	66.2
Site 11	60.1
Site 12	89.8

Source: DART
Current Reporting Period: August 2013 – July 2014

Lessons from Advocate Data

Change from Baseline Period: Medicare Population

Ambulatory Sensitive Diagnosis	MSSP		MA	
	Percent Change	Count of Admits	Percent Change	Count of Admits
PQI1: DIABETES SHORT TERM COMPLICATION	29.9%	87	-10.1%	29
PQI2: PERFORATED APPENDIX	-2.9%	30	30.2%	12
PQI3: DIABETES LONG TERM COMPLICATION	1.0%	416	-16.7%	121
PQI5: COPD	-13.7%	707	-10.5%	197
PQI7: HYPERTENSION	-19.1%	135	-48.8%	36
PQI8: CONGESTIVE HEART FAILURE	9.5%	1,569	-9.9%	376
PQI10: DEHYDRATION	-4.8%	200	-31.4%	53
PQI11: BACTERIAL PNEUMONIA	-0.6%	910	2.2%	219
PQI12: URINARY INFECTION	1.3%	738	-12.2%	180
PQI13: ANGINA	-14.6%	22	-34.9%	9
PQI14: DIABETES UNCONTROLLED	-9.9%	39	-19.4%	13

Source: DART

Current Reporting Period: August 2013 – July 2014

Baseline Reporting Period: September 2012 – August 2013

Change from Baseline Period: Commercial Population

Ambulatory Sensitive Diagnosis	HMO		PPO	
	Percent Change	Count of Admits	Percent Change	Count of Admits
PQI1: DIABETES SHORT TERM COMPLICATION	-3.5%	50	-18.2%	40
PQI2: PERFORATED APPENDIX	47.7%	30	-10.8%	26
PQI3: DIABETES LONG TERM COMPLICATION	51.8%	91	4.1%	65
PQI5: COPD	4.6%	68	66.2%	64
PQI7: HYPERTENSION	-47.3%	23	-17.2%	25
PQI8: CONGESTIVE HEART FAILURE	-3.2%	115	6.4%	82
PQI10: DEHYDRATION	-1.6%	15	-19.3%	21
PQI11: BACTERIAL PNEUMONIA	5.4%	122	-5.7%	110
PQI12: URINARY INFECTION	-7.6%	76	2.8%	61
PQI13: ANGINA	-34.4%	8	284.3%	8
PQI14: DIABETES UNCONTROLLED	-34.4%	10	-19.9%	5
PQI15: ASTHMA IN YOUNGER ADULTS	-24.1%	84	-19.9%	60

Source: DART

Current Reporting Period: August 2013 – July 2014

Baseline Reporting Period: September 2012 – August 2013

Scoring Ambulatory Sensitive Metrics: Medicare Population

Ambulatory Sensitive Diagnosis	MSSP	MA
PQI1: DIABETES SHORT TERM COMPLICATION	-1	+1
PQI2: PERFORATED APPENDIX	+1	-1
PQI3: DIABETES LONG TERM COMPLICATION	-1	+1
PQI5: COPD	+1	+1
PQI7: HYPERTENSION	+1	+1
PQI8: CONGESTIVE HEART FAILURE	-1	+1
PQI10: DEHYDRATION	+1	+1
PQI11: BACTERIAL PNEUMONIA	+1	-1
PQI12: URINARY INFECTION	-1	+1
PQI13: ANGINA	+1	+1
PQI14: DIABETES UNCONTROLLED	+1	+1
PQI15: ASTHMA IN YOUNGER ADULTS	+1	+1
Total Score	+4	+8

Source: DART

Current Reporting Period: August 2013 – July 2014

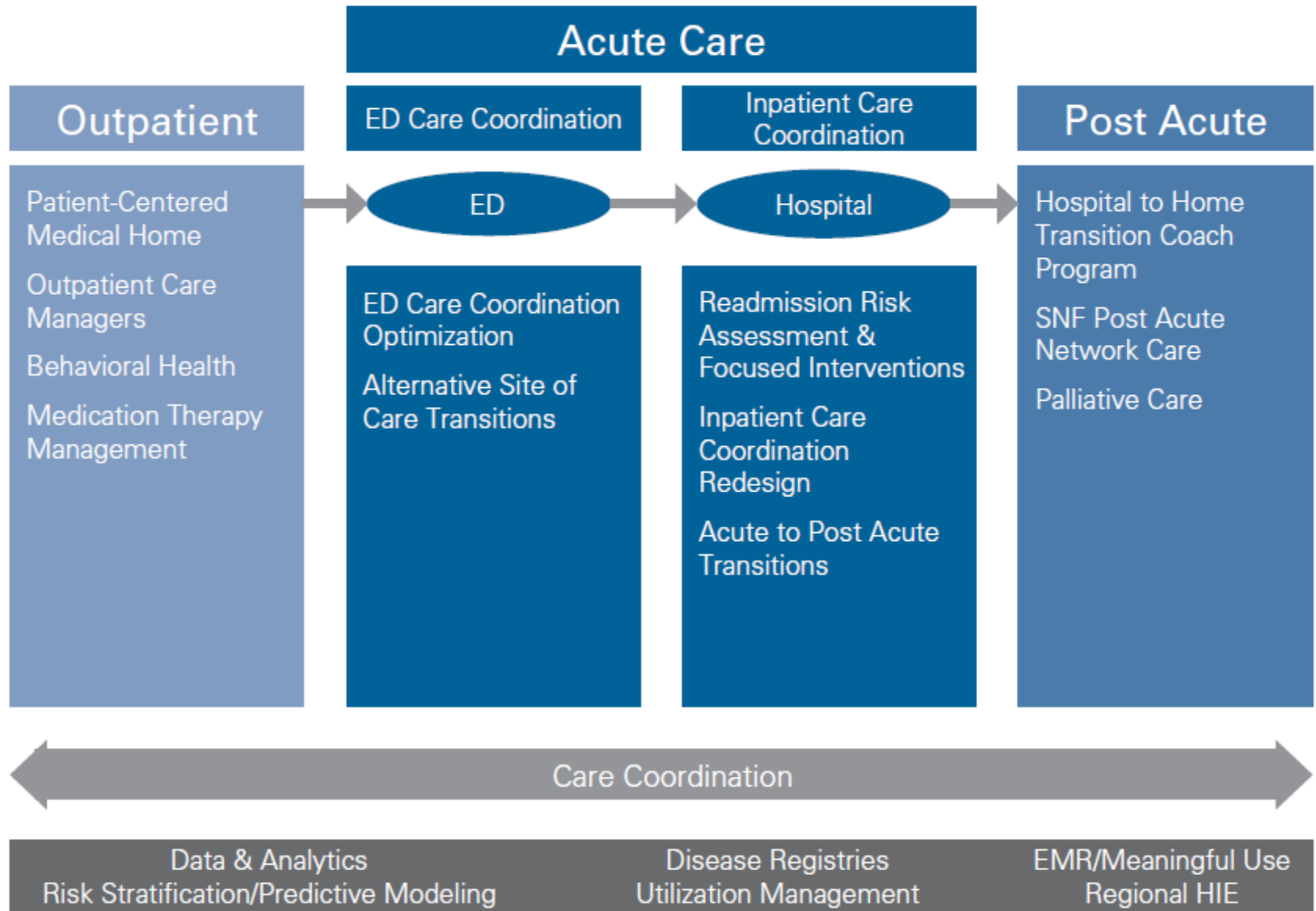
Baseline Reporting Period: September 2012 – August 2013

Scoring Ambulatory Sensitive Metrics: Commercial Population

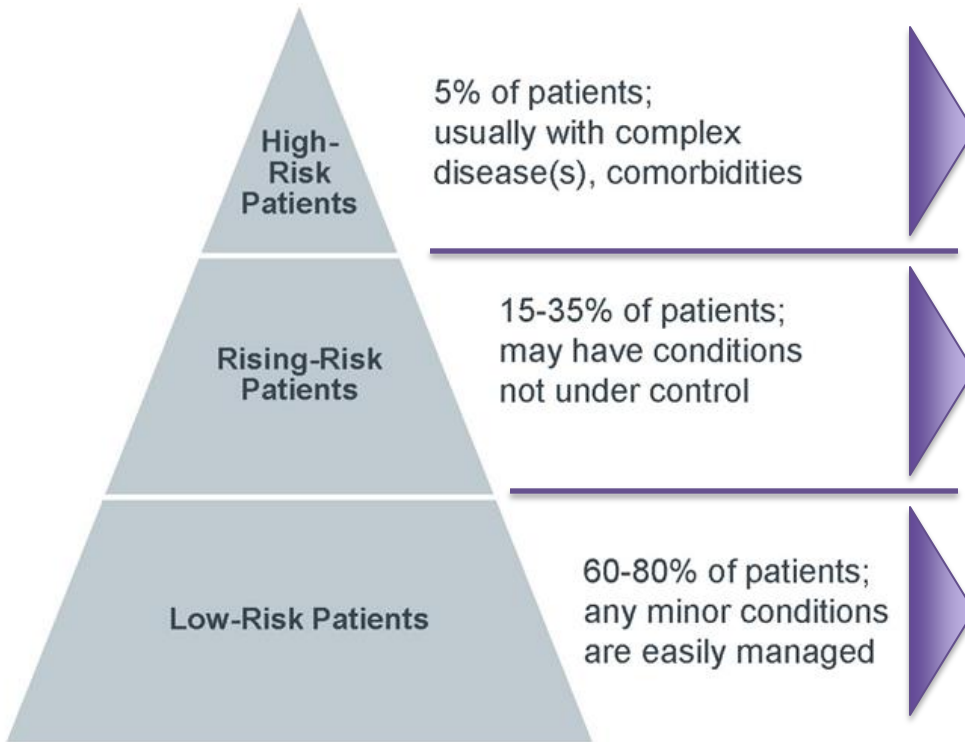
Ambulatory Sensitive Diagnosis	HMO	PPO
PQI1: DIABETES SHORT TERM COMPLICATION	+ 1	+ 1
PQI2: PERFORATED APPENDIX	- 1	+ 1
PQI3: DIABETES LONG TERM COMPLICATION	- 1	- 1
PQI5: COPD	- 1	- 1
PQI7: HYPERTENSION	+ 1	+ 1
PQI8: CONGESTIVE HEART FAILURE	+ 1	- 1
PQI10: DEHYDRATION	+ 1	+ 1
PQI11: BACTERIAL PNEUMONIA	- 1	+ 1
PQI12: URINARY INFECTION	+ 1	- 1
PQI13: ANGINA	+ 1	- 1
PQI14: DIABETES UNCONTROLLED	+ 1	+ 1
PQI15: ASTHMA IN YOUNGER ADULTS	+ 1	+ 1
Total Score	+ 4	+ 2

Source: DART
 Current Reporting Period: August 2013 – July 2014
 Baseline Reporting Period: September 2012 – August 2013

AdvocateCare® Programs Across the Continuum



AdvocateCare® Programs



Patient-Centered Medical Home	Electronic Medical Records/MU	Cerner Healthe Registries	Care Guidelines	Behavioral Health	OP Care Management	Medication Therapy Management	Post-Acute Network	OP Palliative Care
X	X	X	X	X	X	X	X	X
X	X	X	X	X				
X	X	X	X	X				

Source: The Advisory Board, Population health managers, meet the three patient types central to your success, June 14, 2013

AHRQ Prevention Quality Indicators

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Scoring Ambulatory Sensitive Metrics: Medicare Population

Ambulatory Sensitive Diagnosis	MSSP	MA
PQI1: DIABETES SHORT TERM COMPLICATION	-1	+1
PQI3: DIABETES LONG TERM COMPLICATION	-1	+1
PQI5: COPD	+1	+1
PQI7: HYPERTENSION	+1	+1
PQI8: CONGESTIVE HEART FAILURE	-1	+1
PQI13: ANGINA	+1	+1
PQI14: DIABETES UNCONTROLLED	+1	+1
Total Score	+1	+7

Source: DART
 Current Reporting Period: August 2013 – July 2014
 Baseline Reporting Period: September 2012 – August 2013

Scoring Ambulatory Sensitive Metrics: Commercial Population

Ambulatory Sensitive Diagnosis	HMO	PPO
PQI1: DIABETES SHORT TERM COMPLICATION	+ 1	+ 1
PQI3: DIABETES LONG TERM COMPLICATION	- 1	- 1
PQI5: COPD	- 1	- 1
PQI7: HYPERTENSION	+ 1	+ 1
PQI8: CONGESTIVE HEART FAILURE	+ 1	- 1
PQI13: ANGINA	+ 1	- 1
PQI14: DIABETES UNCONTROLLED	+ 1	+ 1
PQI15: ASTHMA IN YOUNGER ADULTS	+ 1	+ 1
Total Score	+ 4	0

Source: DART
 Current Reporting Period: August 2013 – July 2014
 Baseline Reporting Period: September 2012 – August 2013

Successes



- Populations with care coordinated across the continuum most likely to post decreases in ambulatory sensitive admissions
- Targeted interventions such as enterprise care management has led to better ASC management
- Physician and patient engagement has led to better adherence to care guidelines

Source: DART
Current Reporting Period: August 2013 – July 2014
Baseline Reporting Period: September 2012 – August 2013

Challenges

- Populations with traditional PPO plans saw small decrease in Ambulatory Sensitive Admissions
- Unlike many other ASC metrics, perforated appendix and bacterial pneumonia admissions are not easily influenced by registry measures
- Socioeconomic factors are correlated with Ambulatory Sensitive Admissions



Source: DART
Current Reporting Period: August 2013 – July 2014
Baseline Reporting Period: September 2012 – August 2013

