Tuesday, April 22, 2014

10:00am – 10:30am  Registration, Networking & Exhibit Hall Opens

10:30am – 10:45am  Karen van Caulil, PhD, President/CEO - Florida Health Care Coalition
Welcome & Overview

10:45 am – 11:45 am  Session sponsored by:
Plenary Session I
Craig Osterhues, Manager, Health Services – GE Aviation
Making Health & Health Care a Competitive Advantage for Cincinnati: An Employer’s Perspective
Lessons Learned from Improving Quality and Value in Cincinnati and how Employers and other Stakeholders are Collaborating to Improve Healthcare Quality and Value

11:45 am – 12:00 noon  Transition to Luncheon

12:00 noon – 1:15 pm  Session sponsored by:
Awards Luncheon and Luncheon Speaker

Luncheon Speaker
John H. Armstrong, MD, FACS, Surgeon General and Secretary of Health – State of Florida
“Health is Good for Business”

1:15pm – 1:20pm  Florida Health Care Coalition Annual Community Service Award – Lloyd Werk, MD, MPH – Nemours Children’s Hospital, Orlando

1:20pm – 1:35pm  Florida Health Care Coalition Awards Presentation – Innovations in Quality

1:35pm -  1:45pm Transition to Plenary Session II
1:45pm - 2:45pm
Session sponsored by:

Plenary Session II
Cathie Markow, BSN, MBA Senior Director, Clinical Quality - Castlight Health
Sophie Pinkard, Director, Strategic Analytics – Castlight Health
Discover Data-Driven Insights That Increase Health Care Quality and Fuel Business Results
Severe medical errors can compromise outcomes and inflate costs. Join Castlight Health as they reveal:
- 29 shocking medical errors as defined by The Joint Commission
- The significant impact of medical errors on employer spend and employee quality of care
- How you can utilize data and technology to prevent medical errors from occurring

2:45pm - 4:15pm
Session sponsored by:

Plenary Session III
Moderator: Ken Peach, Executive Director - Health Council of East Central Florida
Panel Members:
Rena Brewer, RN, MA - Southeast TeleHealth Resource Center (SETRC)
John K. Holland, Senior Vice President for Research - AMC Health
Anna Baznik, President/CEO – IMPOWER
Telehealth: The Future of Health Care……TODAY
Expert Panelists discuss how Telehealth is changing the way health care is delivered in the 21st Century. With the changing and uncertain healthcare landscape, many are looking at telehealth solutions to enhance healthcare plans. The cost-saving possibilities of telehealth come at a particularly good time as the economy challenges everyone.
Telehealth solutions are rapidly gaining acceptance as decision makers and employers seek to:
- Find new and innovative ways to address the trend of rising health care costs and
- Provide appropriate care at the work place while meeting the need for access to high quality, effective, and efficient healthcare.
Previously developed and used in rural areas of the western United States, telehealth is now widely viewed as a major tool enabling expanded access to care for employees within Florida. A live telehealth demonstration will show how technology using video, audio, and telemetry can bring health care to the worksite. Challenges and opportunities to the use of TeleHealth in Florida will also be explored.

4:15pm – 4:30pm
Karen van Caulil, PhD, President – Florida Health Care Coalition
Wrap up and Overview of Day 2

4:30pm - 5:30pm
Exhibitor’s Cocktail Reception
Exhibit Hall opens - please join us at the conclusion of the day’s sessions for the cocktail reception. We urge you to take the opportunity to visit our exhibitors and learn about their products and services.
Wednesday, April 23, 2014

8:00am - 8:45am
Registration & Continental Breakfast
Join us in the Exhibit Hall for breakfast

8:45am – 9:00am
Karen van Caulil, PhD, President/CEO – Florida Health Care Coalition
Welcome Back

9:00am - 10:30am
Session sponsored by:

Plenary Session IV
Moderator: Karen van Caulil, PhD, President/CEO - Florida Health Care Coalition
Panel Members:
Ray Herschman, President - XG Health Solutions
Wayne Jenkins, MD, MPH, Senior Vice President - Orlando Health
Kenneth Homer, MD, Medical Director - Holy Cross Physician Partners
Mark Martin, COO – Florida Hospital Medical Group

How Health Systems are Moving from Volume to Value
Learn how employers can work with health systems to move health care from volume to value generating cost savings and improving care for their employees.

10:30am – 11:30am
Session sponsored by:

Plenary Session V
Shilpa P. Saxena, M.D. - SevaMed Institute & n1Health National Network of Physicians
Back to the Future: Engaging Patients for Better Outcomes

11:30am - 12:15pm
Exhibitor's Luncheon & Prize Giveaway - Exhibit Hall opens for lunch - Visit the booths and enter to win valuable prizes! Another great networking opportunity!
12:15pm - 1:15pm
Session sponsored by:

AstraZeneca & SANOFI

Plenary Session VI
Melissa Miller, Director, Employee Benefits & Services - NextEra Energy Companies
Matthew Snook, Partner – Mercer
Considerations for Private Exchanges - Hear about a Private Exchange model and how an employer evaluated the private exchange market, the direction they are headed and why.

1:15pm - 2:00pm
Session sponsored by:

Boehringer Ingelheim & Willis

Plenary Session VII
Karen van Caulil, PhD, President/CEO - Florida Health Care Coalition
Patient Centered Primary Care Collaborative: "Addressing Multiple Conditions through Medical Homes"

2:00pm Adjournment
21st Annual National Conference
THE HEALTHCARE (R)EVOLUTION: “The New Wave of Health Care”
April 22-23, 2014

Important Attendee Information

Location
Rosen Shingle Creek
9939 Universal Blvd.
Orlando, Florida 32819

Directions
http://www.roshinglecreek.com/location-and-transportation/

Hotel Website
http://www.roshinglecreek.com/

Parking
Self-Parking – Free
Valet Parking – $21.00 per day

Meeting locations
Board of Directors meeting: Gatlin E-1
Plenary Sessions, Day 1 & 2: Gatlin A-1
Award Luncheon, Day 1: Gatlin E-1
Exhibit Hall: Gatlin A – 2, 3, 4

(See floor plan on page two)

Special Instructions
- Download all materials prior to arriving. WIFI will NOT be available in the convention center space and hard copies will not be provided.
- Power will NOT be available. Be sure your devices have a full charge.
- Be sure to bring a jacket and/or sweater. The rooms will be cold.
- Stop by the registration booth to check in and get your name badge.
<table>
<thead>
<tr>
<th>COMPANY</th>
<th>BOOTH</th>
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<tbody>
<tr>
<td>Genentech</td>
<td>1</td>
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<td>Castlight Health</td>
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<td>Specialty Care Management, LLC</td>
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<td>Novartis Consumer Health</td>
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<td>ProCare Rx</td>
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<td>Bayer HealthCare Pharmaceuticals</td>
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<td>Willis of Florida, Inc.</td>
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<td>n1Health Sevamed Institute</td>
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<td>Novo Nordisk</td>
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<td>Tobacco Free Florida</td>
<td>13</td>
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<td>Reckitt Benckiser Healthcare</td>
<td>14</td>
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</table>
Karen van Caulil, Ph.D., President and CEO - Florida Health Care Coalition

Karen van Caulil, Ph.D. is the President and CEO of the Florida Health Care Coalition. The Coalition is a non-profit agency with a mission to improve the quality, transparency, safety, efficiency, and effectiveness of health care for Floridians. This mission is accomplished through education, research and program support to their members and the community at large. The Coalition’s Board members include AAA, Florida Power and Light, Lynx, Walt Disney World, Universal, Lockheed Martin, Orange County Schools, Orange County Government, Miami-Dade Schools and others, representing nearly 2 million insured lives. Karen also serves on the Board of Governors of the National Business Coalition on Health, an influential policy group located in Washington, DC.

Karen has worked in health care for nearly thirty years in both academic and community settings. She teaches graduate level courses at UCF in health services administration and health informatics and lectures frequently on a wide array of topics in the health care field. Karen has actively participated in local, regional, state and national boards and committees for many years. She has worked in Florida for twenty years and has been involved in developing and implementing programs and initiatives geared to increasing access to care and improving quality and cost effectiveness. Karen graduated from Duke University with a Bachelor of Sciences Degree in Biological Sciences. She received a Master’s of Science in Public Health in Health Policy and Administration from the University of North Carolina at Chapel Hill and her Doctorate in Public Affairs from the University of Central Florida.
21st Annual National Conference
“The New Wave of Health Care”

Karen van Caulil, PhD
FHCC President/CEO

Celebrating 30 years of Health Care Quality
1984-2014
Please silence your cell phones!

Thank You!

Florida Health Care Coalition
Celebrating 30 years of Health Care Quality
1984-2014
Thank you to the FHCC Board of Directors!
THANK YOU TO OUR SPONSORS!
PLEASE VISIT OUR EXHIBITORS!

- Genentech
- Castlight Health
- Cigna
- Willis
- novo nordisk
- SANOFI
- Bayer HealthCare Pharmaceuticals
- m1health
- Tobacco Free Florida
- CADR
- Reckitt Benckiser
- Novartis
- Florida Health Care Coalition
Save the Date!

9th Annual South Florida Conference
Cracking the Code on Health Care

Location in South Florida TBD
8:00 am – 3:30 pm, August 20, 2014

Florida Health Care Coalition
How Health Systems are Moving from Volume to Value

- Moderator: Karen van Caulil, FHCC
- Ray Herschman, XG Health Solutions
- Wayne Jenkins, Orlando Health
- Kenneth Homer, Holy Cross Physicians Partners
- Mark Martin, Florida Hospital Medical Group
How Health Systems are Moving from Volume to Value

- Moderator: Karen van Caulil, FHCC
- Ray Herschman, XG Health Solutions
- Wayne Jenkins, Orlando Health
- Kenneth Homer, Holy Cross Physicians Partners
- Mark Martin, Florida Hospital Medical Group
Ray Herschman, President – XG Health Solutions

Ray Herschman is widely known for his leadership experience leveraging information and technology to enable organizational change in healthcare. Most recently, Mr. Herschman was Senior Vice President of Enterprise Information Management at WellPoint, with responsibility for Enterprise Information Management strategies and related data, business intelligence, and analytic capabilities roadmaps.

Prior to joining WellPoint, Mr. Herschman served as Chief Operating Officer and Senior Vice President at WebMD Health Services – a market leader in health and wellness private portal, consumer decision support and behavioral change solutions for employers, carriers and HR outsourcing distributors. In this role, Mr. Herschman created WebMD’s multidisciplinary product management team, managed the integration of multiple acquisitions and expanded WebMD’s analytic and outcomes management capabilities.

Before WebMD, Mr. Herschman served as Mercer Consulting’s National Health and Group Benefits Practice Leader, where he supported large employers, healthcare coalitions, government agencies and national and regional healthcare insurance organizations in the areas of healthcare consumerism, provider performance measurement and transparency and market adoption of new/innovative approaches to improve the quality of care and lower overall costs. Prior to joining Mercer, Mr. Herschman founded HealthSync, Inc. – an early attempt at creating private health insurance exchanges; served as Senior Vice President, COO, and CFO of QualChoice Health Plan (a subsidiary of University Hospital Health System); Director of Managed Care Contract Analytics at California Pacific Medical Center; Director of Medical Economics of Bridgeway/Children’s San Francisco Health Plan; and conducted auditing/consulting services at Arthur Andersen.

Mr. Herschman has spoken nationally on consumer driven healthcare and healthcare market reform, finance, and policy for organizations, including Robert Wood Johnson Center for Health Systems Change, US Chamber of Commerce, and Global Business Research National eHealth Symposium.

Mr. Herschman received an undergraduate degree in Chemistry and his Masters in Science degree in Healthcare Fiscal Management and Accounting from the University of Wisconsin.
Florida Health Care Coalition National Conference
April 23, 2014

Shift Happens

Ray Herschman
President /Chief Operating Officer
2 “Tsunami” Macro Market Trends

• How health care insurance coverage is bought and sold:
  – The emergence of health insurance exchanges
    • Scalable enabler for transferring health care coverage purchasing decisions to end-user/beneficiaries (from industrial “b to b” to consumer “b to c” purchasing models)

• How health care services are paid for:
  – From fee-for-service (volume based) to “total cost of care, clinical quality and outcomes” (value based)

  • What does this mean?
  • What are the implications for providers
  • What does this mean for you?
# Health Care Market Transformation - 2 Major Vectors of Change

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<tbody>
<tr>
<td><strong>Regulatory Reform/Private Sector Restructuring</strong></td>
<td><strong>Implementation &amp; Adaptation</strong></td>
<td><strong>New Normal</strong></td>
</tr>
<tr>
<td>- Federal/state regulations</td>
<td>- Public exchanges open</td>
<td>- Localized choice</td>
</tr>
<tr>
<td>- Interpretation and preparation</td>
<td>- Private exchange adoption</td>
<td>- Level playing field &amp; competition</td>
</tr>
<tr>
<td>- Private exchange investments</td>
<td>- Movement from B2B to B2C</td>
<td>- Regulatory refinement</td>
</tr>
<tr>
<td>- Rationalizing DB health coverage/self vs fully insured</td>
<td>- Benefit and network redesign</td>
<td><strong>New Normal</strong></td>
</tr>
<tr>
<td><strong>Innovation, proto-types and proof of concept</strong></td>
<td>- Transparency</td>
<td>- Broad range of collaborative care models</td>
</tr>
<tr>
<td>- Patient Centered Medical Homes</td>
<td>- Consumer activation and agitation</td>
<td>- Cost, quality and patient experience transparency</td>
</tr>
<tr>
<td>- Bundled Payment/(warranty)</td>
<td>- Volume to Value</td>
<td>- Competition based on total cost and quality</td>
</tr>
<tr>
<td>- Accountable Care Organizations</td>
<td>- Provider-driven health management</td>
<td>- Clinical data interoperability</td>
</tr>
<tr>
<td>- EMR, HIE and Analytics</td>
<td>- Carve-in / re-aggregation of total costs</td>
<td>- Radical performance improvement</td>
</tr>
<tr>
<td>- P4P, Shared savings, Shared risk</td>
<td>- Provider accountability/control</td>
<td><strong>New Normal</strong></td>
</tr>
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<td></td>
<td>- Rapid adaptation/maturity of proven models of care delivery</td>
<td>- <strong>New Normal</strong></td>
</tr>
<tr>
<td></td>
<td>- Emergence of new enablers/intermediaries – data, analytics, services, devices</td>
<td>- <strong>New Normal</strong></td>
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**Insurance Coverage Transformation**

**Care Delivery and Reimbursement Transformation**
What is value based reimbursement (VBR)?

2 Primary Modalities of VBR:

- **Population basis** – the basics
  - Patients aGlobal Budget
  - Attributed to providers
    - Direct / prospective – patient selects as part of coverage/enrollment
    - Indirect/retrospective – based on passed utilization experience
  - Annual total cost of care “budget” developed on prospective, risk-adjusted basis (“credits”)
  - Care delivered on FFS throughout the year (“debits” during experience period)
  - Settlement: at end of the year, with time for run out (completion)
    - Actual FFS experience < “budget” = surplus,
    - Actual FFS > “budget” = deficit
    - If surplus, then incremental payment (shared savings) distributed among providers
  - Capitation

- **Episode of Care basis** – all inputs to treat a defined diagnosis/condition
  - Prospective and Retrospective: retrospective is more prevalent: budget target per episode, FFS and final settlement based on actual vs budget.
  - Complexity with payment up front models
  - The entire episode (longitudinal), with a warranty, with value transparency (cost, quality, experience)
Disaggregation and Re-aggregation of Risk by Health System
Fee For Service to Bundled Payment: 
*The whole car, with a warranty, with transparency*
xG Health Leverages Geisinger’s Innovations, Experience, and Expertise

1995–1999
- Condition Management
- EHR Installation

2000–2006
- Data Warehouse
- Patient Portal
- ProvenCare®
- PGP Demo
- All-or-None Bundles

2007–2010
- Proven Health Navigator®
- Practice-Based CM
- Clinical Decision Support

2011–2012
- Robust Care Gap Program
- TOC Bundle
- Specialty Integration
- NLP
- Proof of Generalizability Beyond Central PA

2013
- Launch of xG Health

2013+
- Period of License of Geisinger IP to xG Health
xG Health’s mission is to help health systems and others committed to high quality, value-based care succeed under value and risk-based payment arrangements.
Geisinger/xG Health Relationship

**GEISINGER**

**CORE OPERATIONS**

Mission: Execute Core Business/Innovate

- Geisinger Health Plan
- Quality & Safety
- Research
- IP Development & Refinement
- Clinical Enterprise
- Geisinger Support Services
- Innovation & Transformation

**PRODUCT DEVELOPMENT & SERVICE DELIVERY**

Mission: Generalize/Disseminate/$ Return

- Transformation Roadmap
- Leadership & Governance
- Care Design/Delivery
- Analytics Services
- HER Optimization
- Multi-Payer Solutions

**Reduced Cost of Care**

**Improved Quality and Coordination of Care**

**Improved Clinical Outcomes**

**Improved Patient & Provider Satisfaction**
Baseline Evaluation

Volume-to-Value Roadmap

Care Design and Delivery

Population Health Analytics

Financial Optimization

Outcomes
- Higher quality of care
- Reduced cost of care
- Improved clinical outcomes
- Improved patient and provider satisfaction
- Improved provider financial strength under risk-based payments
**Volume-to-Value Roadmap**

**What It Is**
Leverages practical and field-tested evaluation tools and expertise to:
- Identify gaps in capabilities
- Prioritize activities for change
- Develop a roadmap for transformation

**What It Delivers**
Action Plan/Roadmap
- Prioritized activities for change
- Custom sequencing based on organizational readiness, local environment, and challenges
- Timeline, resource requirements
- How xG Health can help

**How Do We Do It?**

**Baseline Evaluation**
- Web-based survey and on-site interviews
- Assess your current state—from leadership to structure and governance, care design and delivery, physician alignment, and IT infrastructure.
- Identify capabilities that need to be put into place or strengthened
- Discussions with payers and local employers

**Opportunity Analysis**
- Obtain and analyze available data (e.g., claims from TPA for self-insured employees and dependents or commercial insurer for patients for whom you care)
- Compare current performance against benchmarks data
- Identify and prioritize opportunities to reduce cost and improve quality of care
Health System Readiness and Maturity

Sample xG Assessment Scoring Summary

Hospital Weighted Score, by Section

Leadership and Culture: 511
Strategic Integration: 88
Clinical Operations: 336
Financial Operations: 377
Information Technology: 358
Transitions of Care: 327
Patient Activation: 185
Payer Partnership: 150
Hedging and Financing Strategies: 190

- Possible Max
- Possible Min
- Group Max
- Group Min
- Median
- Your System
Care Design and Delivery At-A-Glance

**Care Design and Delivery**

**What It Is**
Implementation on the following care activities:
- Primary care and inpatient care redesign
- Advanced medical home
- Complex case management
- Disease management
- Medical neighborhood and transitions of care
- EHR optimization

**What It Delivers**
- Improved quality and reduced cost of care
- Increased physician and patient satisfaction

**How Do We Do It?**
- Help establish culture, commitment, and leadership structure for care transformation
- Implement and, if desired, provide staff for advanced medical homes
- Train and provide ongoing oversight of embedded case managers
- Connect medical homes with medical neighborhood (acute, post-acute, community sites of care)
- Integrate best clinical practices, automation and results of data analytics into clinical workflows
- Implement tools for monitoring and reporting on performance
A multi-component program that has been proven to facilitate delivery of reliable (every patient, every time) evidence-based care to patients undergoing particular procedures or having certain conditions cared for in the inpatient setting.

ProvenCare® modules include the following components:

- Definition of what constitutes appropriate care
- Development of a local consensus on which best practices should always be delivered to patients with particular clinical characteristics (focus on authoritative Class I and Class IIa recommendations, e.g. from sub-specialty’s national governing body)
- Development of operational definitions, as needed
- Redesign of work flow, including embedding tools into the EMR in order to facilitate reliable delivery of best clinical practices
- Activation of patients and families to engage them in care processes
- Monitoring and feedback regarding individual and group performance
- Optional: bundled payment contracting strategy and optimization
ProvenCare®: 11 Acute (Inpatient) Modules, Chronic Care and Preventive Care: Developed To-Date

- Chronic Care: Diabetes, CHF, COPD
- Health maintenance (preventive care) (22 additional episodes in advanced development)

* has outpatient, as well as inpatient components
### Bundled Payment – Geisinger and xG Health Experience and Expertise

#### Analytics and Financial Modeling

- CMS Bundled Payment for Care Improvement (BPCI) Model 2 convener for 27 health systems
  - Monthly CMS feeds grouped and analyzed
  - Opportunity identification and longitudinal performance tracking
  - CABG, COPD, HF, JOINTS, and PCI – expanded analytics for 48 episode types
- Referral pattern diagnostics and steerage opportunity analyses.
- Avoidable complications and benchmarking
- Commercial - Geisinger Health Plan and Geisinger Delivery System
  - Episode definitions + underwriting and retrospective settlement methodologies
  - Volume, Risk Premium and Warranty considerations

#### Care Delivery

- ProvenCare® Modules– Evidence-based care paths
- Process redesign and workflow optimization
- Role of PCMH in coordinating care throughout the medical neighborhood, before and during an episode of care
- Training, monitoring and iterative enhancement
- EMR configuration and point of care decision support
# BPCI 48 Clinical Episodes

<table>
<thead>
<tr>
<th>Acute myocardial infarction</th>
<th>Major bowel procedure</th>
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<tbody>
<tr>
<td>AICD generator or lead</td>
<td>Major cardiovascular procedure</td>
</tr>
<tr>
<td>Amputation</td>
<td>Major joint replacement of the lower extremity</td>
</tr>
<tr>
<td>Athersclerosis</td>
<td>Major joint replacement of the upper extremity</td>
</tr>
<tr>
<td>Back &amp; neck except spinal fusion</td>
<td>Medical non-infectious orthopedic</td>
</tr>
<tr>
<td>Coronary artery bypass graft</td>
<td>Medical peripheral vascular disorders</td>
</tr>
<tr>
<td>Cardiac arrhythmia</td>
<td>Nutritional and metabolic disorders</td>
</tr>
<tr>
<td>Cardiac defibrillator</td>
<td>Other knee procedures</td>
</tr>
<tr>
<td>Cardiac valve</td>
<td>Other respiratory</td>
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<tr>
<td>Cellutis</td>
<td>Other vascular surgery</td>
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<tr>
<td>Cervical spinal fusion</td>
<td>Pacemaker</td>
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<tr>
<td>Chest pain</td>
<td>Pacemaker device replacement or revision</td>
</tr>
<tr>
<td>Combined anterior posterior spinal fusion</td>
<td>Percutaneous coronary intervention</td>
</tr>
<tr>
<td>Complex non-cervical spinal fusion</td>
<td>Red blood cell disorders</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Removal of orthopedic devices</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease, bronchitis, asthma</td>
<td>Renal failure</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Revision of the hip or knee</td>
</tr>
<tr>
<td>Double joint replacement of the lower extremity</td>
<td>Sepsis</td>
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<tr>
<td>Esophagitis, gastroenteritis and other digestive disorders</td>
<td>Simple pneumonia and respiratory infections</td>
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<tr>
<td>Fractures of the femur and hip or pelvis</td>
<td>Spinal fusion (non-cervical)</td>
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<tr>
<td>Gastrointestinal hemorrhage</td>
<td>Stroke</td>
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<tr>
<td>Gastrointestinal obstruction</td>
<td>Syncope &amp; collapse</td>
</tr>
<tr>
<td>Hip &amp; femur procedures except major joint</td>
<td>Transient ischemia</td>
</tr>
<tr>
<td>Lower extremity and humerus procedure except hip, foot, femur</td>
<td>Urinary tract infection</td>
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</tbody>
</table>
• High volume complications, by Setting
READMISSIONS VIEW

Allowed Amounts = Bottom Axis
Number of Claims = Top Axis
Key Elements of xG and Geisinger’s Advanced Medical Home Approach

- PCP leads multi-disciplinary care delivery team
- Enhanced access to and scope of services in PCP office
- Specially trained and equipped case managers (“Commando RNs”) embedded in PCP practice
- Data analytically-driven care
  - ID of highest risk patients and specific actionable opportunities on which to focus
- EHR as a member of the team
- Coordination with Medical Neighborhood
  - Acute and post-acute care facilities, specialists, home health, etc.
- Performance incentives
- Monitoring of and feedback regarding quality, utilization and cost performance
Geisinger and xG Health Implemented 139 Medical Homes; ~70% Outside Geisinger

<table>
<thead>
<tr>
<th>Sites</th>
<th># of Sites</th>
<th>Medicare Advantage Members</th>
<th>Commercial Members</th>
<th>Fee-for-Service Members</th>
<th>Geisinger Health Plan Family (Medical Assistance Members)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geisinger (owned, in PA)</td>
<td>42</td>
<td>23,328</td>
<td>61,206</td>
<td>42,715</td>
<td>26,708</td>
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<tr>
<td>Non-Geisinger (in PA)</td>
<td>40</td>
<td>5,939</td>
<td>18,762</td>
<td>0</td>
<td>8,595</td>
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<td>West Virginia</td>
<td>3</td>
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<td>4,835</td>
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<tr>
<td>Maine</td>
<td>9</td>
<td>0</td>
<td>1,717</td>
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<tr>
<td>Bon Secours Health System</td>
<td>21</td>
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<tr>
<td>Hospital Sisters Health System</td>
<td>11</td>
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<td></td>
<td>20+ new Advanced PCMH currently in implementation</td>
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<tr>
<td>Taconic IPA</td>
<td>10</td>
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<tr>
<td>Community Hospitals of Monterey</td>
<td>3</td>
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<tr>
<td>TOTAL</td>
<td>139</td>
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PA = Pennsylvania. Geisinger Advanced Medical Homes began in 2006 with 3 Pilot sites. The three pilot sites started with: 5,000 Medicare Advantage, 4,100 Commercial, and 2,100 Medicare lives.
Population Health Data and Analytics

**What It Is**
- Data aggregation and transformation
- Data analysis and interpretation
- Provision of understandable and actionable information at point of care

**What It Delivers**
- Ability to extract useful insights from claims and EMR data
- Timely stakeholder-specific reports and dashboards
- Information to manage care of a population under financial risk

**How Do We Do It?**
- Acquire, clean, and integrate a variety of types of health care data
- Leverage numerous types of data analyses, predictive models, and report templates that Geisinger uses to identify and prioritize intervention opportunities and monitor performance
- Provide dashboards to help you manage care for a population, with ability for you to drill down to patient and physician levels
- Expert data analysts who work with your provider practice sites
You Should Expect Near Term Results IF
Care Redesign + Analytic Insights + Incentives

### Results

<table>
<thead>
<tr>
<th></th>
<th>At 1 Year</th>
<th>At 20 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced admissions</td>
<td>by 16%</td>
<td>by 26%</td>
</tr>
<tr>
<td>Reduced readmissions</td>
<td>by 16%</td>
<td>by 37%</td>
</tr>
<tr>
<td>Reduced ER visits</td>
<td>by 8%</td>
<td>by 12%</td>
</tr>
<tr>
<td>Decreased total cost of care</td>
<td>by $4.68 PMPM</td>
<td>TBD</td>
</tr>
<tr>
<td>Improved quality</td>
<td>by 50%–300%</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### Customer
- West Virginia United Health System
- Largest system in WV
- 8 hospitals, 1,286 beds, 866 MDs, 11,600 employees
- Target population: 11,000 self-insured lives

### Services Deployed
- TPA
- 3 PCMHs with our embedded case managers
- Population health data analytics
- UM for hospitalizations, high-end radiology; TOC
- DM

### Measure 1 Year Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>1 Year Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDL Screening</td>
<td>27.1% to 80.4%</td>
</tr>
<tr>
<td>A1c Screening</td>
<td>47.8% to 92.3%¹</td>
</tr>
<tr>
<td>LDL Control (CAD w/LDL &lt;100)</td>
<td>15.6% to 47.7%</td>
</tr>
<tr>
<td>A1c Control (DM w/A1c &lt;8)</td>
<td>26.3% to 54.8%</td>
</tr>
<tr>
<td>Mammograms</td>
<td>48.6% to 68.2%</td>
</tr>
</tbody>
</table>

¹ Above the HEDIS 90th percentile

### Commitment to transformation
“Step-in” with their own employees
Measure holistically and systematically
xG Health ISO Services: Less Complexity & Consistent Decision Making

Local market insurance carriers
- CVS Caremark
- aetna
- Cigna
- UnitedHealthcare
- Express Scripts
- Humana

TPA 1
TPA 2
TPA 3

Neutral data integrator
- Standard reports
- Clean, compatible raw data
- Standard measurements
- 1 set of rules

+ Committed Analytic Support Services

“Virtual single payer view” for consistent decision making for each patient

Dr. Jones
Dr. Smith
Dr. Martin
Other Providers
Neutral/objective entity with substantial experience analyzing insurance claims that can aggregate and analyze data from multiple payers.

Mitigates need for providers to invest in and build data management and analytic infrastructure; providers are able to focus their resources on practice transformation and improving patient care.

Lower cost due to ability to analyze data once per month and share results with all providers; Regional “Utility” enables reduced pricing as volume increases.

Providers benefit from a uniform view of results for all patients, regardless of payer.

Provides “service as a service” analytic support to provider organizations - highly trained professionals provide ongoing assistance in interpretation of results and in performance of ‘drill down’ analyses based on questions/hypotheses from providers. Result is improved performance and success in value-based payment models.
Asserting Purchaser Leverage to Catalyze Favorable Change

Incentives Matter

• For Employers/Plan Sponsors and Business Coalitions >>>> It depends
  – Trade-offs between “traditional” carve out/centralized care management models and emerging “geographic specific/local” provider-driven PHM
  – When going local – ability to assess whether you and your employees are getting the value anticipated
  – How do you go local? – via Carrier/TPA solutions, narrow/high performance network and/or direct contracting approaches
  – Appetite for change, perceived risk of employee abrasion

• Incentives matter
  – For providers
    • Cure addiction to FFS (rational behavior in today’s payment paradigm)
    • Mindset shift from “demand destruction” to “value” creation
  – For Employers/Plan Sponsors and Business Coalitions
    • Alignment of benefit/purchasing strategies with desired outcomes
    • Innovate, shared learnings, adapt and maximize influence individually and collectively
    • Credible measurement of value and performance over time proof
Shift Happens
Dr. Wayne Jenkins serves as President of Orlando Health Physician Partners and is a member of the Executive Committee of Orlando Health. As President of Orlando Health Physician Partners, Dr. Jenkins has oversight of the Orlando Health Physician Group, the 500+ employed physicians and residents of Orlando Health, and he leads the executive team that is responsible for directing clinical integration and creating the Orlando Health Accountable Care Organizations.

Dr. Jenkins is a member of the board strategy and quality committees of Orlando Health and is a board member of UF Health Cancer Center. He received his medical degree from Vanderbilt University, completed his radiation oncology training at the University of Virginia and received a master's degree in healthcare policy and administration from Johns Hopkins Bloomberg School of Public Health.
Volume to Value

Wayne Jenkins MD, MPH
Senior Vice President
Orlando Health
HEALTHCARE is changing

- Greater Integration
- Aligning and Employing Physicians
- Payment Reductions
- Balancing Costs and Benefits
- Moving from Volume to Value
Hospitals Focus on Triple Aim

- Reducing the cost of care
- Improving the patient experience
- Improving the overall health of the population served
Supporting a New Model of Care: Population Health Management

**TRADITIONAL VIEW**
Patients Who Arrive

**NEW VIEW**
Entire Patient Population

Fee for Service  PCMH  Accountable Care

Copyright 2014
Improving Quality and Tracking it

Physicians are evaluating the care they give in new ways.

Platforms that integrate with EMRs.

Avoiding unnecessary visits / complications / expenses.
Questions?
Kenneth Homer, M.D., Medical Director – Holy Cross Physician Partners

Dr. Kenneth Homer serves as the Medical Director of Holy Cross Physician Partners our newly formed Clinically Integrated Network (CIN) that aligns independent community physicians, the Holy Cross Medical Group and Holy Cross Hospital to deliver cost effective, quality and customer focused care to our community. The CIN is a physician led provider network dedicated to coordinating care for a patient population in a way that improves health outcomes, enhances patient satisfaction and lowers the total cost of care as well as the Chief Medical Officer for Holy Cross Hospital.

Dr. Homer was in private practice from 1986 to 2008 with North Ridge Internal Medicine Associates. He served as the President and Managing Partner of the Group. He served as the Chief Medical Officer for North Ridge Medical Center and held several Medical Staff leadership positions. Additionally he served on the Physician Advisory Committee for Tenet Health Care.

Dr. Homer completed his undergraduate degree at Cornell University; Doctor of Medicine at the University of Miami and his Internal Medicine Residency at Northwestern University. He has been honored numerous times as a “Top Doctor” on a local, state and national basis.

Currently he holds academic appointments as Associate Clinical Professor, Miller School of Medicine, University of Miami and Volunteer Assistant Professor, Charles E. Schmidt College of Medicine, Florida Atlantic University.
**STEP ONE: CLINICAL INTEGRATION**

- **Volume** - Fee-for-Service & Unrestricted Growth
  - **H** = Hospital
  - **P** = Physicians
  - **I** = Insurers
  - **CI** = Clinical Integrated Network
  - **ACO** = Accountable Care Organization

- **Transition to**
  - **CIN**
  - **P-4-P**

- **Value** - Global Healthcare Expenditure Budgets, Global Payments
  - • Medicare Shared Savings
  - • Bundled Payments
  - • BC/BS Shared Savings Program
  - • Capitation

H = Hospital
P = Physicians
I = Insurers
CI = Clinical Integrated Network
ACO = Accountable Care Organization
STEP TWO: ACCOUNTABLE CARE

Holy Cross Physician Partners

- Other Active Medical Staff
- Contracted Physicians
- Employed Physicians
- Provider A
- Service C
- Facility B
- Group D

CMS
Florida Blue
UnitedHealthcare
Aetna
AvMed
Cigna
Clinical Integration Milestones

• 2010 March: Patient Protection and Affordable Care Act signed into law
• 2010-2011: Clinically Integrated Network Corporate Governance, Bylaws, Business Plan, Infrastructure Design and Development.
• 2011 October: Operating agreement establishing HCPP, LLC
• 2011 November: RFI to Payers
• 2012 February: First Town Hall Meeting – Network Recruitment
• 2012 March: HCPP Committee Meetings begin
• 2012 June: Supreme Court upholds PPACA
• 2012 July: Medventive chosen as CIN’s registry platform
• 2012 October: Florida Blue chosen as HCH Employee Group Health TPA for 1/1; Executive Director chosen
• 2012 December: Florida Blue Contract Signed for 1/1/2013.
• 2013 February: HCPP Network Launch Meeting
• 2013 March: Medventive Population Health Manager live in Primary Care Practices
• 2013 April-June: Negotiations with other health plans; 20% growth in Florida Blue membership
• 2013 July: Onsite Population Care Manager RN begins work with HCPP for Florida Blue population
• 2013 August: Becker’s “100 ACO’s to Know”; Blue Distinction Recognition
286 Total Physicians – 72 PCPs (25%)

- **171 Holy Cross Medical Group**
  - 56 HCMG PCPs
  - 115 HCMG Specialists

- **115 Independent**
  - 16 PCPs
  - 99 Specialists
# PERFORMANCE IMPROVEMENT

## MEDVENTIVE/MCKESSON POPULATION HEALTH MANAGER

### Patient Demographics

<table>
<thead>
<tr>
<th>System ID</th>
<th>Health Plan ID</th>
</tr>
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<tbody>
<tr>
<td>133173</td>
<td>80750009580</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Home</th>
<th>Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Male</td>
<td>(954) 595-1311</td>
<td></td>
</tr>
</tbody>
</table>

### Registries

- Diabetes
- Gastroenterology
- Ophthalmology
- Preventive Care and Screening

### Patient Registry Details

**Registry Name**

- Dilated Eye Exam for Diabetes
- HbA1c Control
- LDL-C Control less than 100
- LDL Cholesterol
- Nephropathy Assessment
- Colorectal Cancer Screening

**Care Guideline**

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Last Event Date</th>
<th>Last Outcome</th>
<th>Process Status</th>
<th>Outcome Status</th>
<th>Due Date</th>
<th>Scheduled Date</th>
<th>Guideline Overridden</th>
<th>RPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dilated Eye Exam for Diabetes</td>
<td>1/21/2013</td>
<td>7.6</td>
<td></td>
<td>N/A</td>
<td>1/21/2014</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>HbA1c Control</td>
<td>1/21/2013</td>
<td>7.6</td>
<td>Green</td>
<td>N/A</td>
<td>1/21/2014</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>LDL-C Control less than 100</td>
<td>1/21/2013</td>
<td>115</td>
<td>Red</td>
<td>N/A</td>
<td>1/21/2014</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>LDL Cholesterol</td>
<td>1/21/2013</td>
<td>115</td>
<td>Red</td>
<td>N/A</td>
<td>1/21/2014</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Nephropathy Assessment</td>
<td>8/20/2012</td>
<td>N/A</td>
<td>Green</td>
<td>N/A</td>
<td>8/20/2013</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Guideline Status**

- Met
- Not Met
- Guideline Soon To Be Met
- Guideline Soon To Be Not Met But a Followup Has Been Scheduled

**Pending**

- Will be adjudicated when age-appropriate.

- Guideline Not Met
- Guideline Not Met But a Followup Has Been Scheduled

---

**Disclaimer:** MedVentive Registries include care guidelines. These should be viewed only as guidelines and not specific recommendations for the care of a specific patient. Every patient is unique.
Examples of Quality Metrics

The Following Are Examples of the Metrics to be Measured for Each of the 5 Domains.

• Patient/Care Giver Experience
  – Patient Survey
    • Getting Timely Care, Appointments
    • How Well Your Doctors Communicate
    • Shared Decision Making
  – Health / Functional Status

• Care Coordination
  – Risk-Adjusted 30 Day Readmission Rate
  – 30 Day Post Discharge Physician Visit
  – Admission Rate/ 100,000 Population
    • COPD - Bacterial Pneumonia
    • CHF - Uncontrolled Diabetes
  – Patient Registry Use

• Patient Safety
  – Health Care Acquired Conditions (Composite)

• Preventive Health
  – Pneumococcal Vaccination
  – Screening
    • Colorectal Cancer
    • Mammography
  – Cholesterol Management
  – Depression Screening
Examples of Quality Metrics (Cont.)

• At-Risk Populations
  – Diabetes
    • Hemoglobin A1c Control
    • LDL-C Control
    • Aspirin Use
    • Foot and Foot Exams
  – Heart failure
    • LVF Assessment
    • Weight Measurement
    • Patient Education
    • Warfarin Therapy for Patients with atrial fibrillation
  – Coronary Artery Disease
    • Oral Antiplatelet Therapy
    • LDL < 100mg/dl

• At-Risk Populations (cont.)
  – Hypertension
    • Blood Pressure Control
    • Plan of Care Documented
  – COPD
    • Spirometry Evaluation Documented
    • Smoking Cessation Counseling
  – Frail Elderly
    • Screening for Fall Risk
    • Osteoporosis Management for Women Who Had a Fracture
    • Monthly INR for Those on Warfarin
PERFORMANCE IMPROVEMENT

CLINICAL EFFICIENCY PRIORITIES

1. Generic Prescribing
   Provider Outreach/Awareness

2. ER visits; Potentially Preventable/Frequent Flyer
   Activities - Provider Outreach/Patient Outreach – Urgent care
   ACC usage

3. Inpatient Readmission/Transitions of Care
   Population Care Manager Rounding
   Communication for timely Follow-up;
   Patient/Provider Communication
   CHF Clinic
WORK WITH HEALTH SYSTEMS THAT OFFER:

1. POPULATION HEALTH
   - Patient Centered Practices
   - Population Care Managers
   - Disease Specific: Disease Registry Clinics (CHF, COPD, Metabolic/DM)

2. TRANSITIONS OF CARE SERVICES

3. PALLIATIVE CARE SERVICES

4. INTEGRATION
   - SNF
   - Pharmacy
   - Home Health

5. DATA THAT SHOWS IMPROVED QUALITY, DECREASE COSTS
CUSTOM MODELS

1. Carnival Cruise Lines
   • International Medicine
   • Use of Ambulatory Care Center
   • Global Rates

2. City Furniture
   • Worksite Wellness Clinic
   • In-Network Referrals

3. Shared Savings Contracts
   • Narrow Networks
   Preferred Providers
   Future – Direct to Employer Contracting
   – Global Rates / Flat Fee’s
Mr. Martin began working with Florida Hospital in 2008 as a consultant and assumed the role of Chief Operating Officer of the Florida Hospital Medical Group in January 2011. Currently, he is transitioning to a senior development role within Florida Hospital’s Divisional Operations. Previously, Mr. Martin served in various healthcare leadership roles, including Founder and CEO of Optima Imaging, LLC, President and COO at Radiologix, Inc., EVP of Practice Management at Medaphis Physician Services Corporation, and Private Business Advisory Services Manager at KPMG Peat Marwick. Mr. Martin graduated summa cum laude and received a degree in accounting from Capital University in Columbus, OH. Outside of healthcare, Mr. Martin enjoys spending time with his wife and six-year old daughter.
Florida Health Care Coalition
Moving from Volume to Value

Mark S. Martin
Senior Vice President of Development
Adventist Health System Florida Division
April 23, 2014

The skill to heal. The spirit to care.
IT investment incentives not seen by hospital

First Curve to Second Curve

Volume-Based First Curve
- Fee-for-service reimbursement
- High quality not rewarded
- No shared financial risk
- Acute inpatient hospital focus
- IT investment incentives not seen by hospital
- Stand-alone care systems can thrive
- Regulatory actions impede hospital-physician collaboration

Value-Based Second Curve
- Payment rewards population value: quality and efficiency
- Quality impacts reimbursement
- Partnerships with shared risk
- Increased patient severity
- IT utilization essential for population health management
- Scale increases in importance
- Realigned incentives, encouraged coordination

Source: Adapted from Ian Morrison, 2011
Impact of change and business risk . . .

- Care Coordination
- Shared Savings
- Shared Risk
- Full Risk

- Fee for managing better
- Upside only
- Upside and downside
- Capitation all-in
New Behaviors Required

Payment for care over time
Not for services

Care delivered in an organized manner – over time

Active Responsibility from Caregivers • Receivers of care

Hospital provides coordination
Inside and outside the Hospital

Costs and Results displace activity as the value measure

* John Horty, Health Care Attorney and Estes Park Institute Senior Fellow
Florida Hospital Vision Statement

Florida Hospital will be a global leader providing highly advanced, faith-based healthcare and will lead a *sustainable community health system* that

- *Improves the experience of care*
- *Improves the health of our community*
- *And reduces the per-person cost of healthcare*

This system will provide major, *relevant contributions* to the re-shaping of America’s health care.
East Florida Region –
  FH Deland
  FH Fish Memorial
  FH Flagler
  FH Memorial Medical Center
  FH Oceanside

Central Florida Region –
  FH Altamonte
  FH Apopka
  FH Celebration Health
  FH East Orlando
  FH Kissimmee
  FH Orlando
  FH Orlando Children’s
  FH Waterman
  FH Winter Park

West Florida Region –
  FH Carrollwood
  FH Heartland Division
  FH North Pinellas
  FH Tampa/Pepin Heart/Connerton LTACH
  FH Wesley Chapel
  FH Zephyrhills
Florida Hospital Clinical Recognition

Best Hospitals 2013-14

• Cardiology & Heart Surgery
• Diabetes & Endocrinology
• Gastroenterology & GI Surgery
• Gynecology
• Nephrology
• Pulmonology
• Urology
• Neurology & Neurosurgery

#1 Hospital in Florida
Florida Hospital Employee Engagement

- Average Composite of 12 Core Gallup Items (Scale of 1 to 5)
- Based on Gallup Database of companies with > 1,000 Employees

Year | Composite Score | Percentile
--- |----------------|-------------
2007 | 4.00           | 91st %tile  
2008 | 4.09           | 96th %tile  
2009 | 4.15           | 94th %tile  
2010 | 4.24           | 97th %tile  
2011 | 4.33           |             
2012 | 4.32           |             
2013 | 4.40           |             
Florida Hospital Volume to Value Focus

- Implementation of Longitudinal Electronic Medical Record
- “Population” of Population Health Management Platform
- Expansion of Patient Centered Medical Homes
- Consolidation of Physician Offices into Integrated Care Centers
- Coordination of Urgent Care and Other Ambulatory Services
- Continued Development of “Committable” Physician Network
- Redesign of Case Management / Care Coordination Functions
- Formation of Partnerships with Other Healthcare Systems
Florida Hospital Volume to Value Focus

• Ongoing Development/Monitoring of Core Quality Metrics
• Implementation of On-Site or Near-Site Employee Care Centers
• Adoption of Alternative Payment Arrangements:
  – Florida Hospital Care Advantage (Medicare Advantage)
  – Bundled Payment Initiatives
  – Shared Savings Arrangements
• Advancement of Innovation Agenda (Research/TeleHealth)
• Continued Capital and Operating Investments in:
  – People, Technology and Facilities
BioResearch Center

• Construction began April 21, 2014
• FH Departments include cancer research, thrombosis research, and organ procurement
Florida Hospital for Women

- 12-Story Patient Tower
  - 14 Labor & Delivery Suites
  - 13 Operating Rooms
  - 336 Patient Beds

- Comprehensive Tertiary Destination for Women

- Care for Women across all life stages

- Construction in process

- Opening Fall 2015
• Kissimmee Emergency Department Phase 2  
  • Completion late May 2014  
• New Kissimmee Patient Tower  
  • Opens in 2015  
  • 80 beds  
  • 3 stories
• Florida Hospital Winter Garden
• Scheduled to open in 2015
• Featuring:
  • Emergency Department, Imaging and Lab
  • Integrated Care Center and Surgery Center
Lake Nona Gateway Building

- Three story Multi-Specialty Health Center in Medical City
- Tavistock Group owns building
  - FH and UCF are Tenant Collaborators
- Phase 1 (Outpatient) complete in January 2015
  - Integrated Care Center
  - Sports Medicine and Rehab
  - Outpatient Imaging
Population Health Redefined

Yesterday’s Reality...
“A relationship within an episode of care”

Tomorrow’s Mandate...
“An episode of care within a relationship”
Thank You!

Spirit