



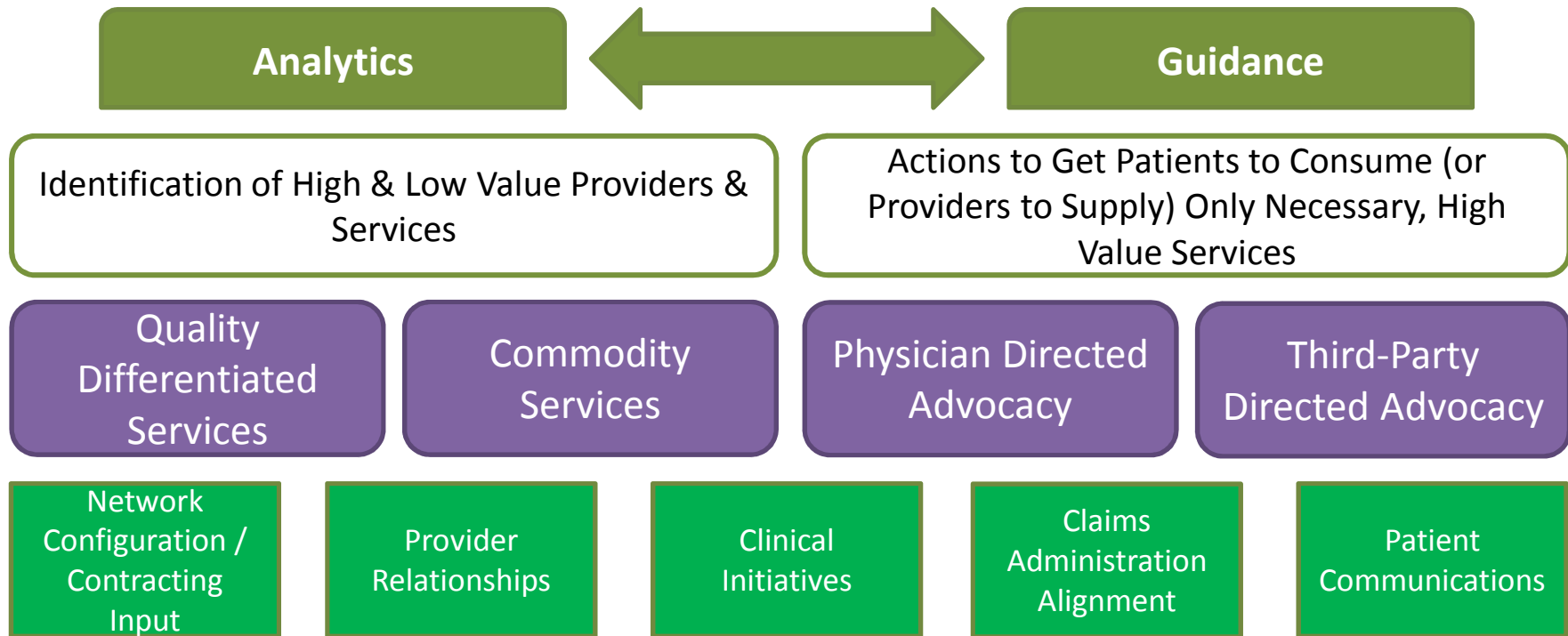
Business Health Care Group Symposium

May 30, 2019

Agenda

- BHCG Introduction
- BHCG Strategic Plan Overview
- Ascension Wisconsin Presentation
- Moderated Panel Discussion
- Closing
- Tour of Ascension SE WI at Mayfair Road Facility (optional)

BHCG Strategic Plan



Continuous Measurement & Refinement

BHCG &/or Marketplace Driven

Ascension Wisconsin

Collaborating for a Healthier Future

May 30, 2019

Presenters:

Joan Bachleitner, Chief Strategy Officer

Greg Brusko, DO, Chief Clinical Officer

Jon Sohn, Chief Financial Officer

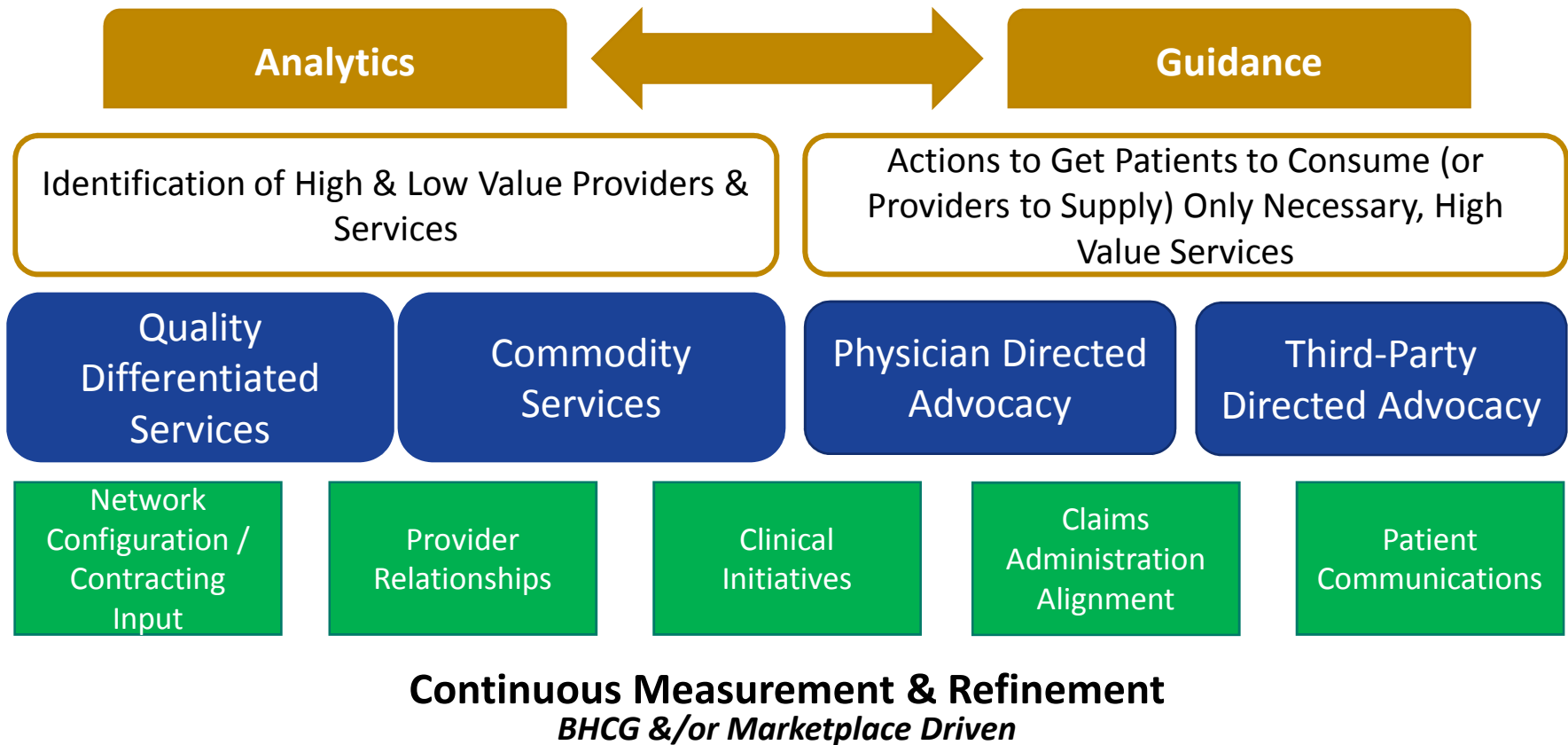


Ascension

The Importance of Collaboration



BHCG Strategic Plan





Business Health Care Group

Analytics



Guidance

How employers, payors and health systems can collaboratively use analytics to:

- End medical homelessness
- Guide plan members' decisions regarding access to and utilization of services
- Improve plan members' clinical outcomes and health care experiences
- Increase value for plan members, employers, payors and the community







Ascension Wisconsin Strategic Plan

MISSION	VISION	VALUES
<p>STRATEGIC DIRECTION</p> <p>Healthcare That Works, Healthcare That Is Safe, and Healthcare That Leaves No One Behind, for Life</p>		<p>ASPIRATION</p> <p>We will advance our Strategic Direction, while extending our Ministry in partnership with individuals and communities to improve their health and well-being</p>

ASCENSION WISCONSIN STRATEGIC PRIORITIES FY19-22

 <p>Payor, Employer and Population Health</p>	 <p>Service Line and Program Development</p>	 <p>Provider and Associate Recruitment, Alignment and Engagement</p>	 <p>Ambulatory Expansion and Optimization</p>
<ul style="list-style-type: none"> Care Management and Medical Homelessness Value-Based Contracts Narrow Networks Medicare Advantage 	<ul style="list-style-type: none"> Behavioral Health Cardiovascular Neurosciences Oncology Orthopedics Primary Care Women and Families 	<ul style="list-style-type: none"> Care Team Service Distribution Growth Quality and Safety Access Continuity of Care Digital/Virtual Care 	<ul style="list-style-type: none"> AMG Clinics Neighborhood Hospital Outpatient Imaging Urgent Care Ambulatory Surgery

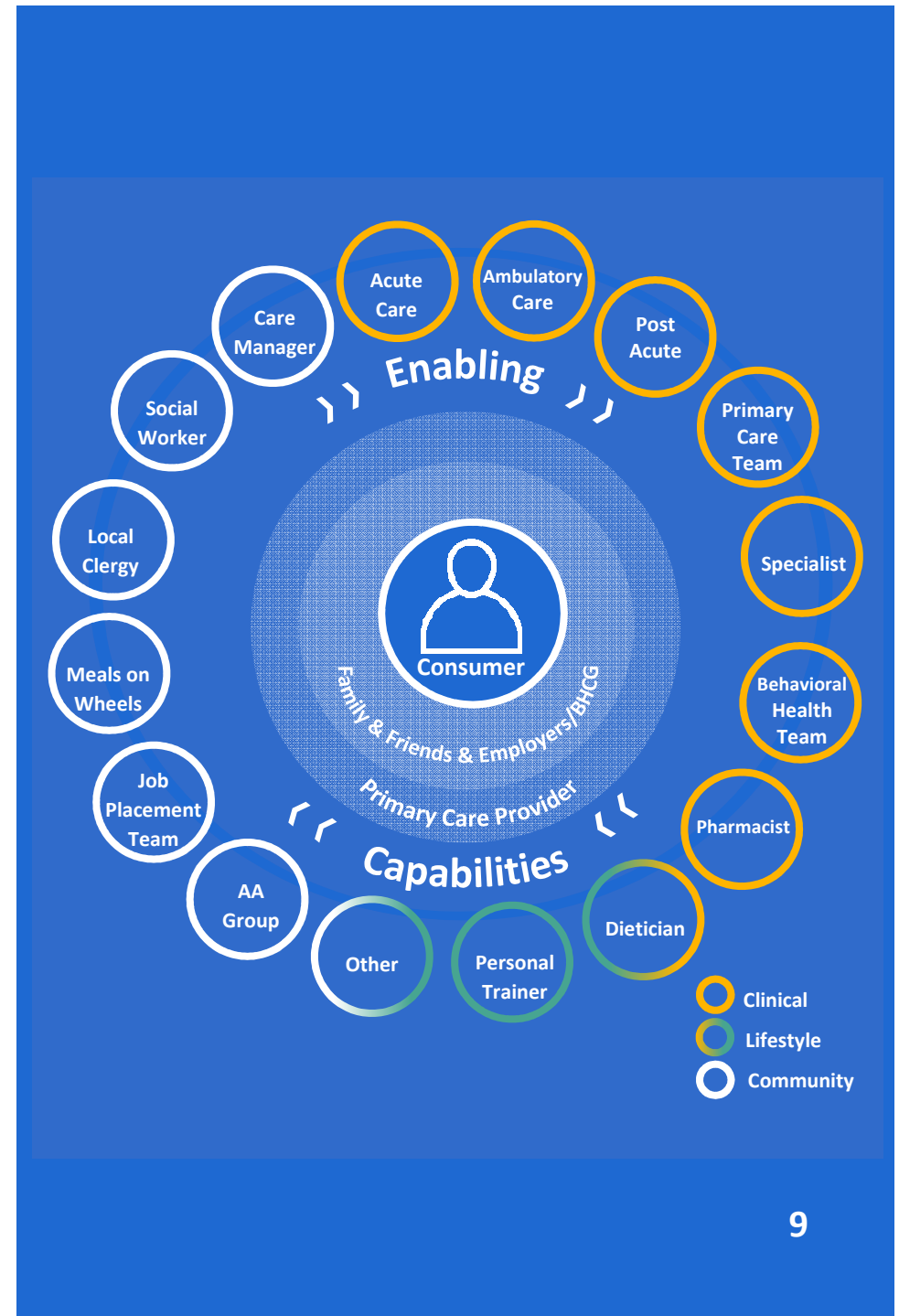
HOSPITAL, CLINIC AND DEPARTMENT PRIORITIES

 <p>Health of Communities</p>	 <p>Quality and Safety</p>	 <p>Superior Experience</p>	 <p>Access</p>	 <p>Culture</p>	 <p>Stewardship</p>
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Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

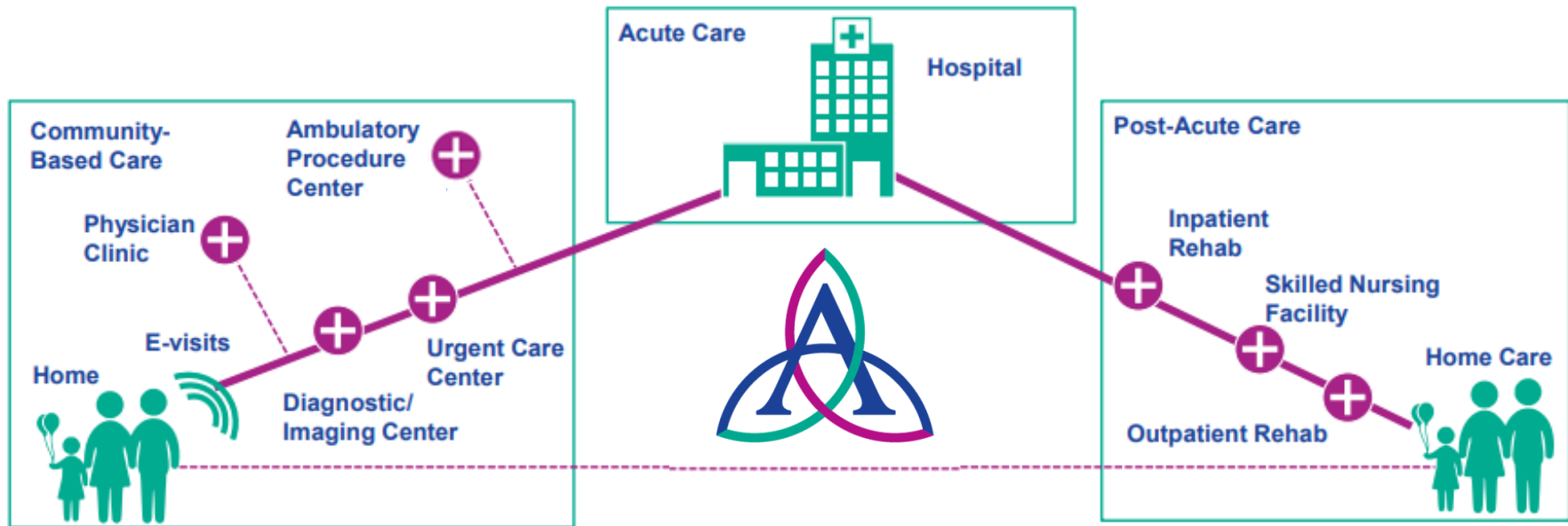
Understanding of our roles as a partner in health (employer/payor/provider)

- Create effective plan design
- Provide individuals with support and ensure continuity across the health continuum
- Improve health and provide necessary, high value services by creating risk-based models that
 - Address all determinants of health
 - Offer high-quality, efficient, affordable, integrated care experience for members at all points of care



Quality Differentiated Services and Commodity Services

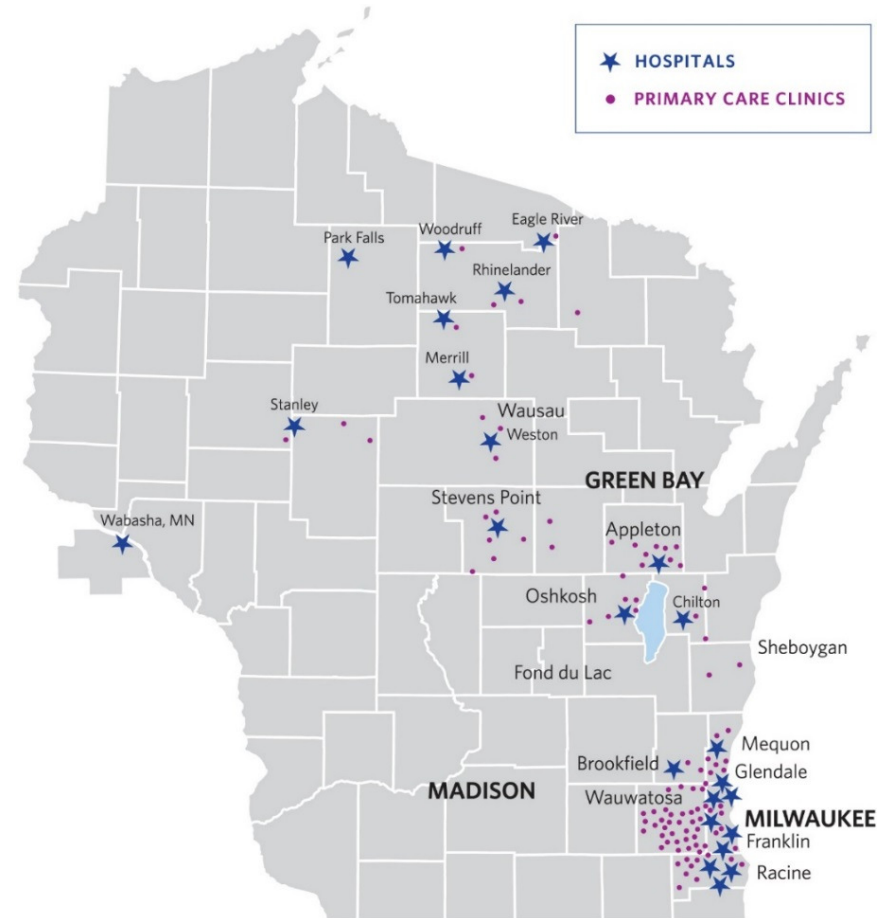
Using analytics to design and create an efficient and clinically integrated system of care



Quality Differentiated Services and Commodity Services

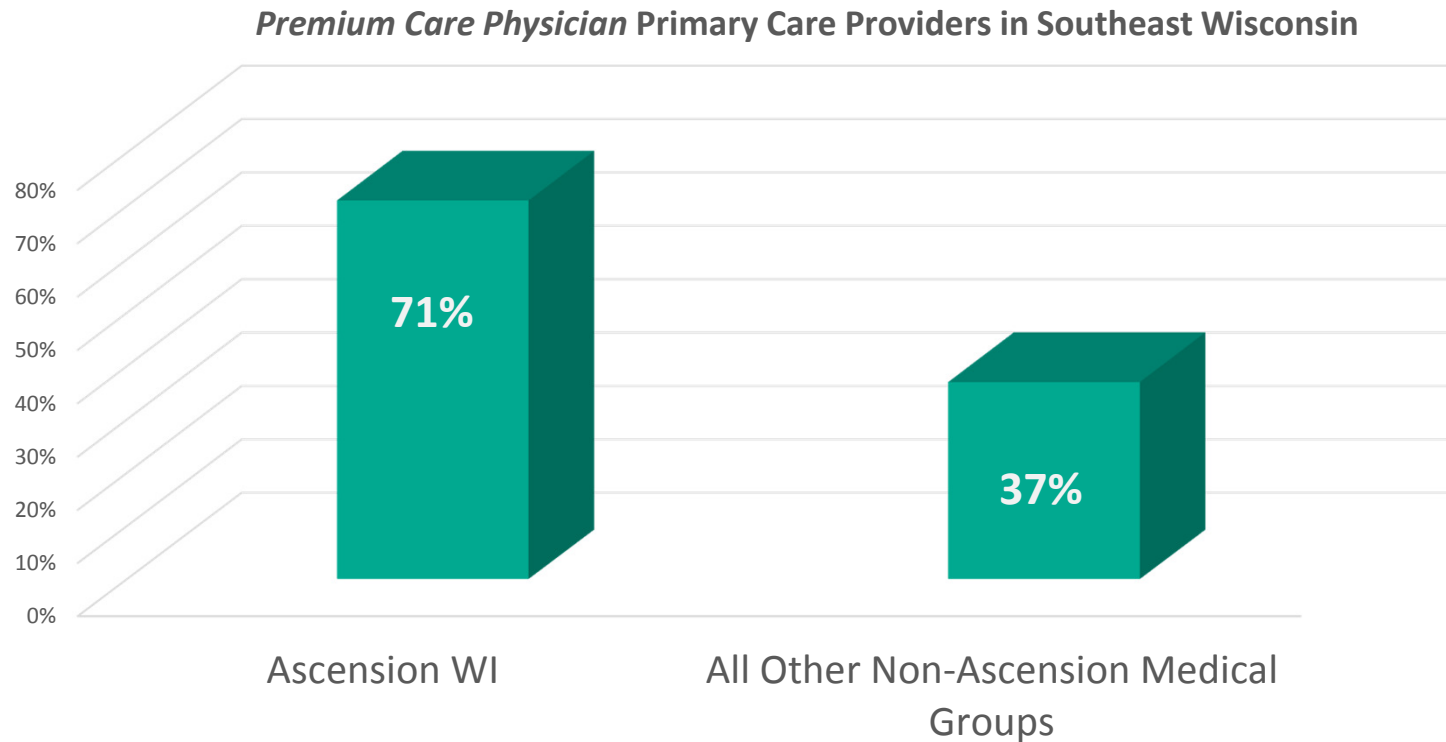
Using analytics to enhance accessibility, convenience and affordability through an expanded ambulatory network

- Primary and specialty care locations (new and expansion)
- Urgent care clinics
- Outpatient imaging centers
- Neighborhood Hospitals



Identification of High and Low Value Providers and Services

UHC's Premium Designation Tool: using analytics to assess quality and cost



AMG physicians are based on the January 2019 Credentialing Roster




Primary Care Includes: Family Medicine, Internal Medicine & Pediatrics in Southeast Wisconsin

NOTE: Non-Ascension Health System Comparison is based published data on the health systems web site and UHC's web site (find a provider referral directory).

Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

Educating patients re: the appropriate care setting

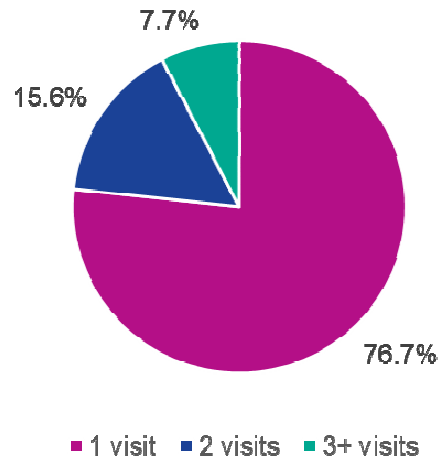
- What the service is
- When you should use it
- Tips to know
- Cost of services

Healthcare when I need it now			
	 Your doctor's office Your first call	 Urgent care centers When your doctor can't see you	 Hospital-based emergency departments For life-threatening illnesses or injuries
What	<ul style="list-style-type: none"> - Your first call for anything not life-threatening - Your primary care physician (PCP) knows you and your medical history - Often offers same-day or next-day service 	<ul style="list-style-type: none"> - Usually located in stand-alone buildings - Accept walk-ins - Take many kinds of insurance 	<ul style="list-style-type: none"> - For treating traumatic or very serious illnesses/injuries - Should not be used for "routine" care, such as earaches and sore throats; this could result in an unnecessarily large bill
When	Can treat: <ul style="list-style-type: none"> - Almost any kind of injury or illness that is not life-threatening - All preventive/well-care visits and routine care - Vaccinations - Prenatal care - Management of asthma 	Can treat: <ul style="list-style-type: none"> - Sports injuries - Sprains and strains - Minor cuts and broken bones - Illnesses such as the flu and bronchitis - Sinus, ear and urinary tract infections 	Can treat: <ul style="list-style-type: none"> - Chest pain - Head injuries - Heavy bleeding/deep cuts - Shortness of breath - Seizures - Broken bones
Tips	<ul style="list-style-type: none"> - Make sure your doctor's office accepts your insurance - Find out ahead of time what kind of same-day service the office offers 	<ul style="list-style-type: none"> - Search on mySmartHealth.org to find a clinic near your home or call Automated Benefit Services Customer Service at 888-492-6811 	Call 911 for help with a true health emergency. Know ahead of time which hospitals are: <ul style="list-style-type: none"> - Closest to your home and/or work - Certified trauma centers (Level One is the highest level)
Cost	\$ Most co-pays or co-insurance costs for an office visit range from \$15 to \$50	\$\$ Depending on your insurance plan and if you have tests, your costs could range from \$40 to \$150	\$\$\$\$ The full amount of an ED visit can be \$1,200 and up. Depending on your insurance plan, after a deductible has been met, your co-pay may be a tenth of that

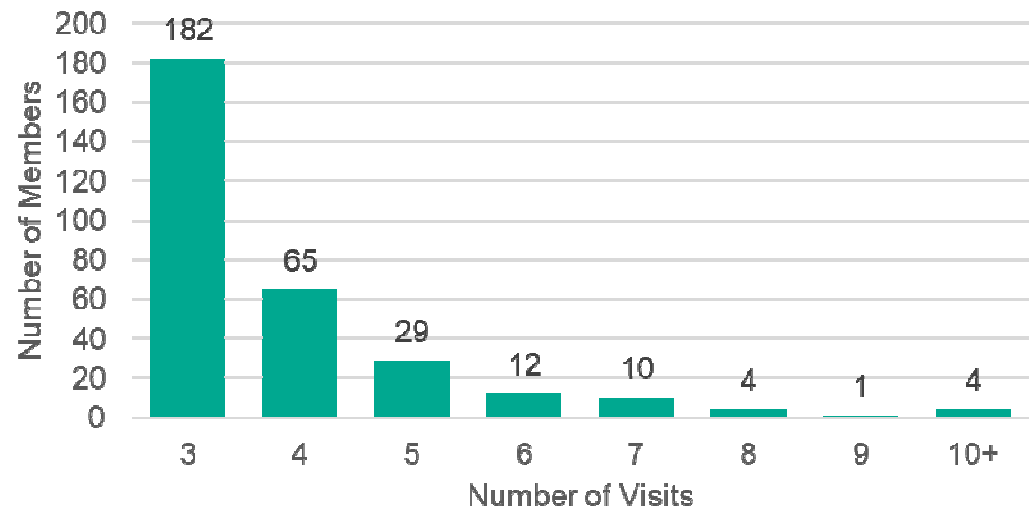
Utilizing analytics to increase value

Emergency – Current Year Overutilizers: Ascension Health Plan's 2018 Experience

% of ED Utilizers by Visit Frequency



ED Utilizers by Number of Visits

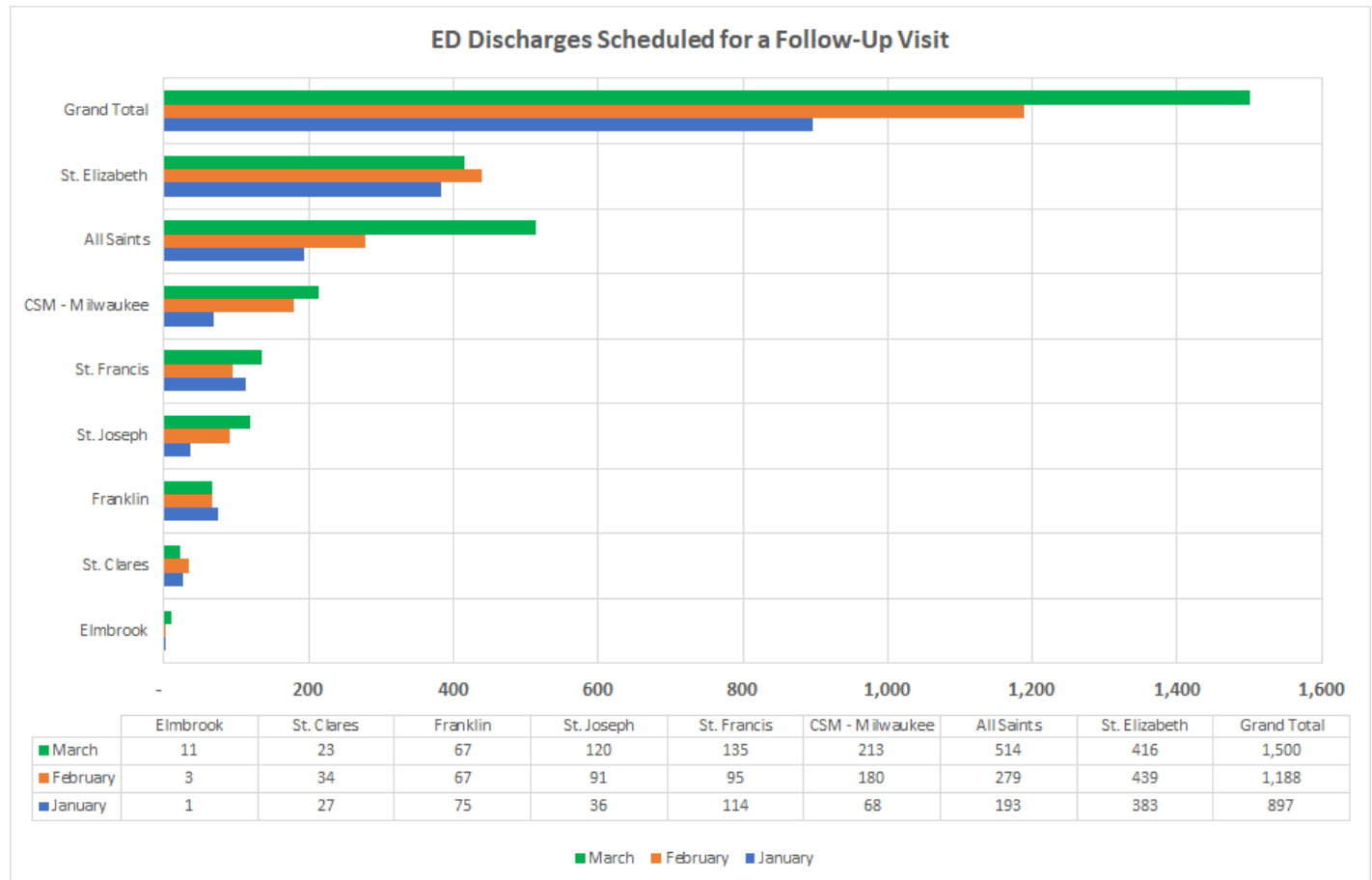


- 4,006 members had ED claims
- 92.3% had only 1 or 2 visits; 307 members had 3+ visits
- 91 ED claimants were high cost claimants (\$100k+ in total paid)

Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

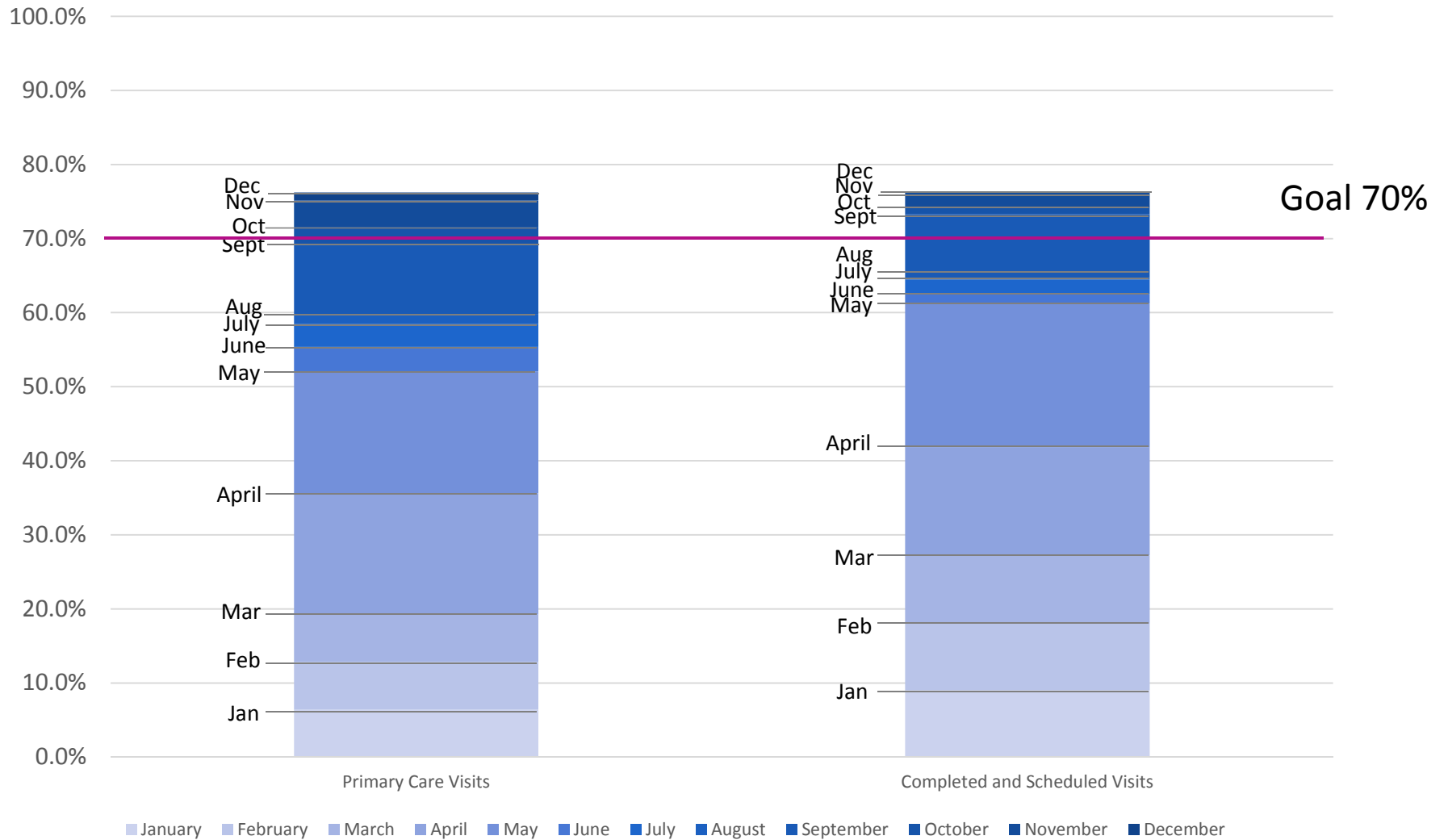
Using analytics to end medical homelessness

- Primary goal is to connect patients with **appropriate care options** based on individual circumstances (not only a primary care provider)
- **Dedicated resources** include 7 Emergency Department Navigators to help patients with the next step in their care, including:
 - Connecting patients with specialists for follow-up care (when appropriate)
 - Ensuring that patients are scheduled in a timely manner
 - Discuss other lower cost sites for care for future healthcare needs



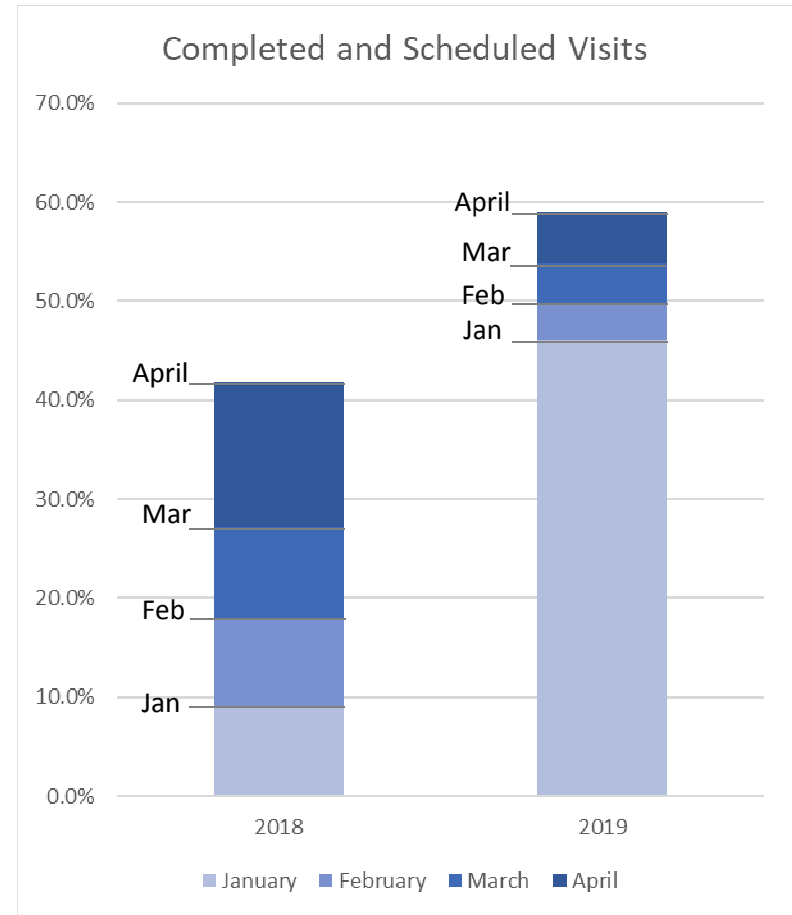
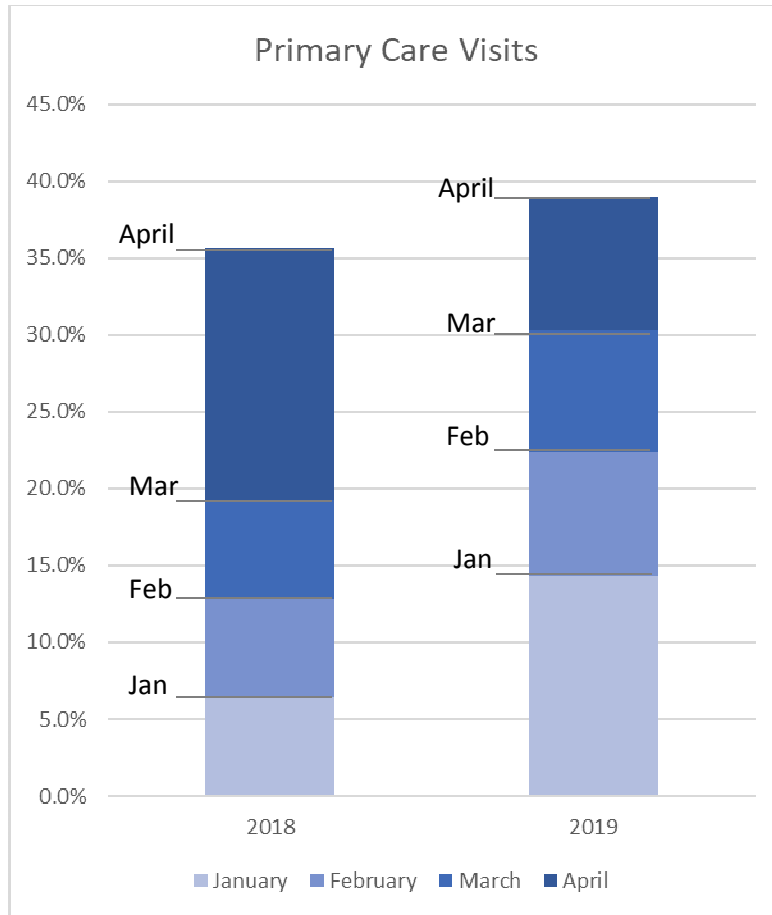
Patient Engagement Outcomes

2018



Patient Engagement Outcomes

2018 vs 2019



Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

Using analytics to tailor and personalize service offerings based on need and risk

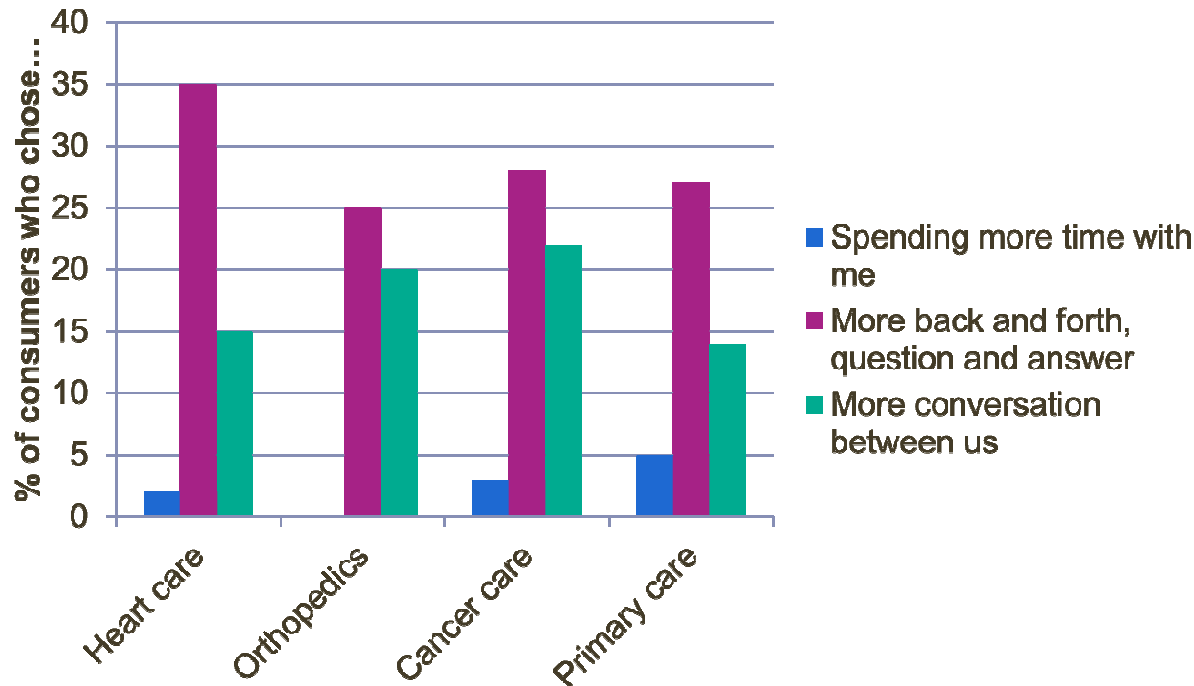
Member attribution is a critical component



Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

Engaging with patients *how they want to be engaged*

Which would lead to a physicians best understanding what you personally need as a patient?



Listening

- Understand voice of customer
- Consumer feedback to front-line care-providers

Taking Meaningful Action

- Process improvement
- Service behavior changes

Learning Together

- Leverage scale



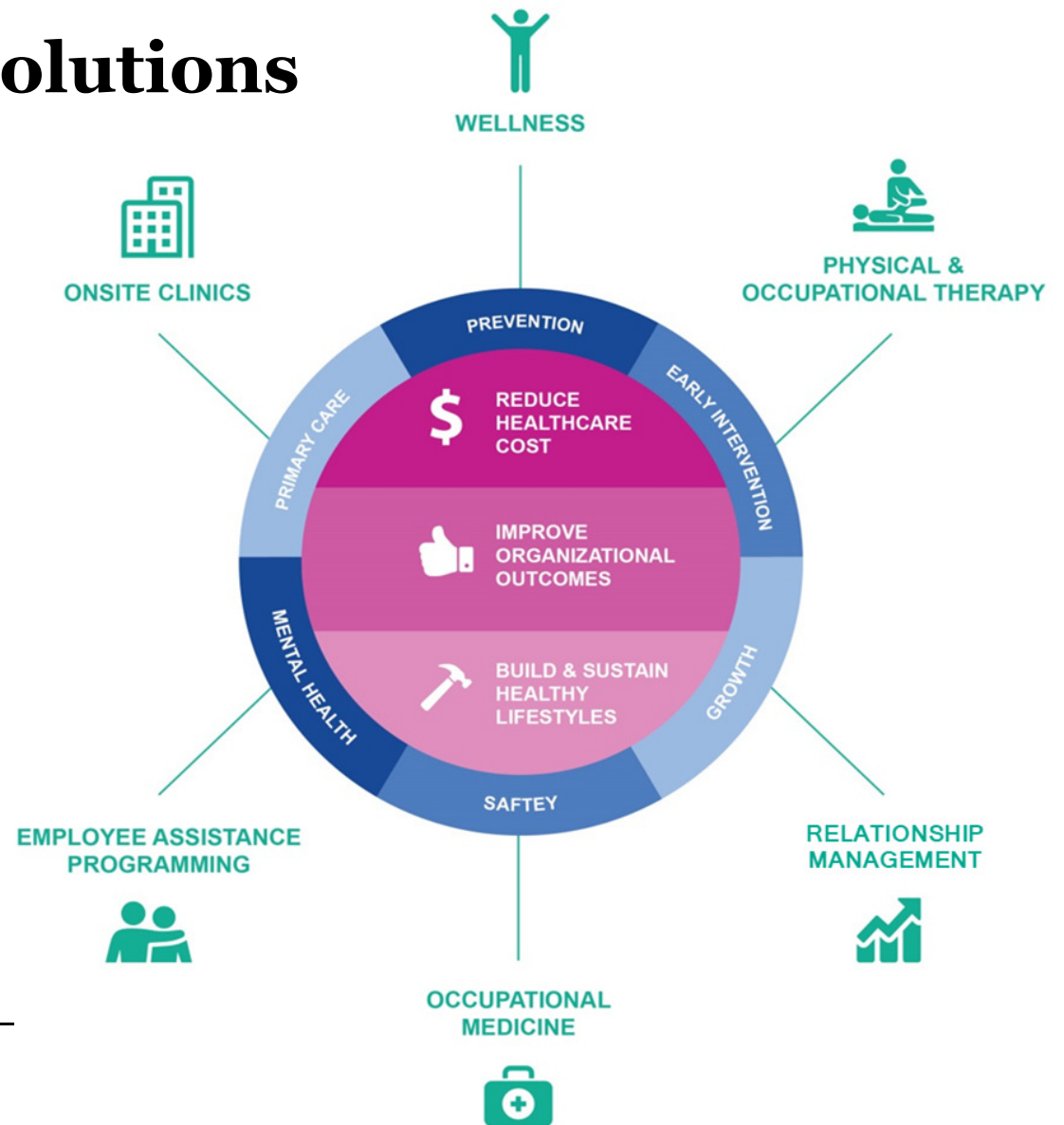
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Source: October 2016 qualitative sessions, N = 229

Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

Onsite Employer Solutions

- Occupational Medicine
 - ✓ Drug and Alcohol Testing
 - ✓ Regulatory Training, CPR/First Aid
 - ✓ Medical Monitoring
- Industrial Rehabilitation
 - ✓ Injury Management
 - ✓ Ergonomics
 - ✓ Physical/Occupational Therapy
 - ✓ FIT
- Health & Wellness
- EAP
- Primary and Episodic Care (Employer-Based Clinics)



Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

Using analytics to improve plan members' clinical outcomes and health care experiences



- Leading with quality
- Eliminating preventable disparities in healthcare outcomes
- Transforming care models
- Building and sustaining a high reliability organization
- Reducing care variation

Actions to Get Patients to Consume (or Providers to Supply) Only Necessary, High Value Services

Using analytics to improve plan members' clinical outcomes and health care experiences

Personalized care: The Ascension way



High-quality care ...

Listen first.

Pay attention to each person's individual needs.

Care for the whole person - mind, body and spirit.

Engage persons and families in collaborative decision-making and open, two-way communication.

Communicate with each other with respect and attention.

... based on the best available data and evidence ...

Design care protocols that are grounded in evidence, with valid and reliable measurement of outcomes.

Use aggregate data to assess populations with similar needs, stratified by risk, to develop models of care tailored to specific populations and to identify drivers of disparities.

Drive continuous process improvement with A3 problem-solving and other proven practices.

... connected seamlessly across the continuum

Work together in coordinated, interdisciplinary teams across the care continuum.

Deliver care that persons experience as integrated and holistic, no matter where or when they access it, at all stages of life.

Be creative in collaborating with community partners to support persons in overcoming nonclinical barriers to health.

The Ascension Way

Increasing Colorectal Cancer Screening

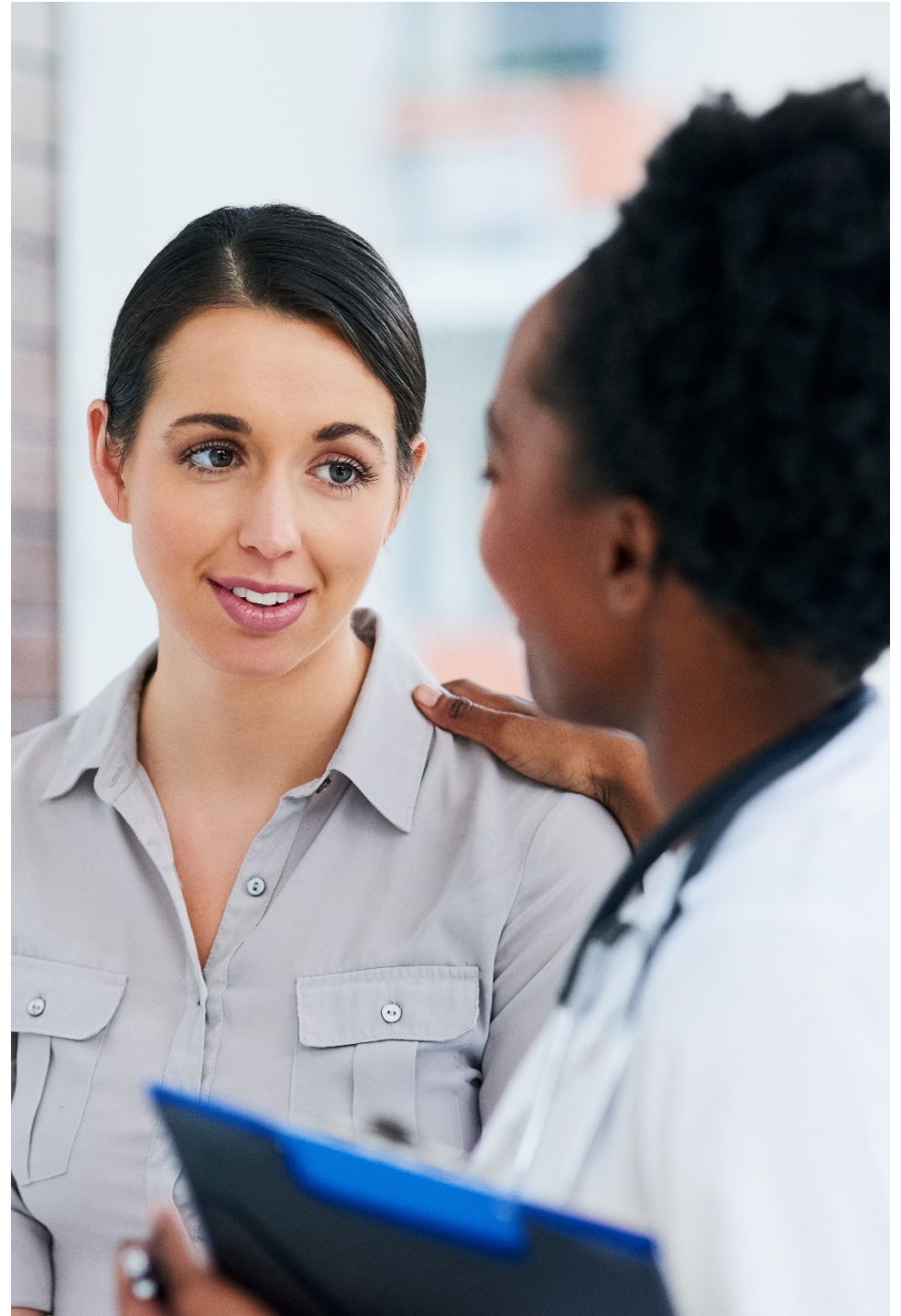
Ascension Wisconsin Results

23,750

Additional screenings



Ascension



Preventive Care: Cancer Screening

Health Maintenance (HM) list is reviewed during pre-visit prep and rooming, “every patient every time.”

- Screening tests and referrals are scheduled *before* patient leaves office
- Mammograms: Walk-in and same-day results
- Colorectal Cancer Screening: All exam rooms have (Fecal Immunochemical Test) FIT kits available for demonstration and/or distribution
- Unmet rosters (breast, cervical and colorectal cancer screening) are routinely reviewed and patients are contacted to schedule needed preventative screening

This is about improving patient care and outcomes

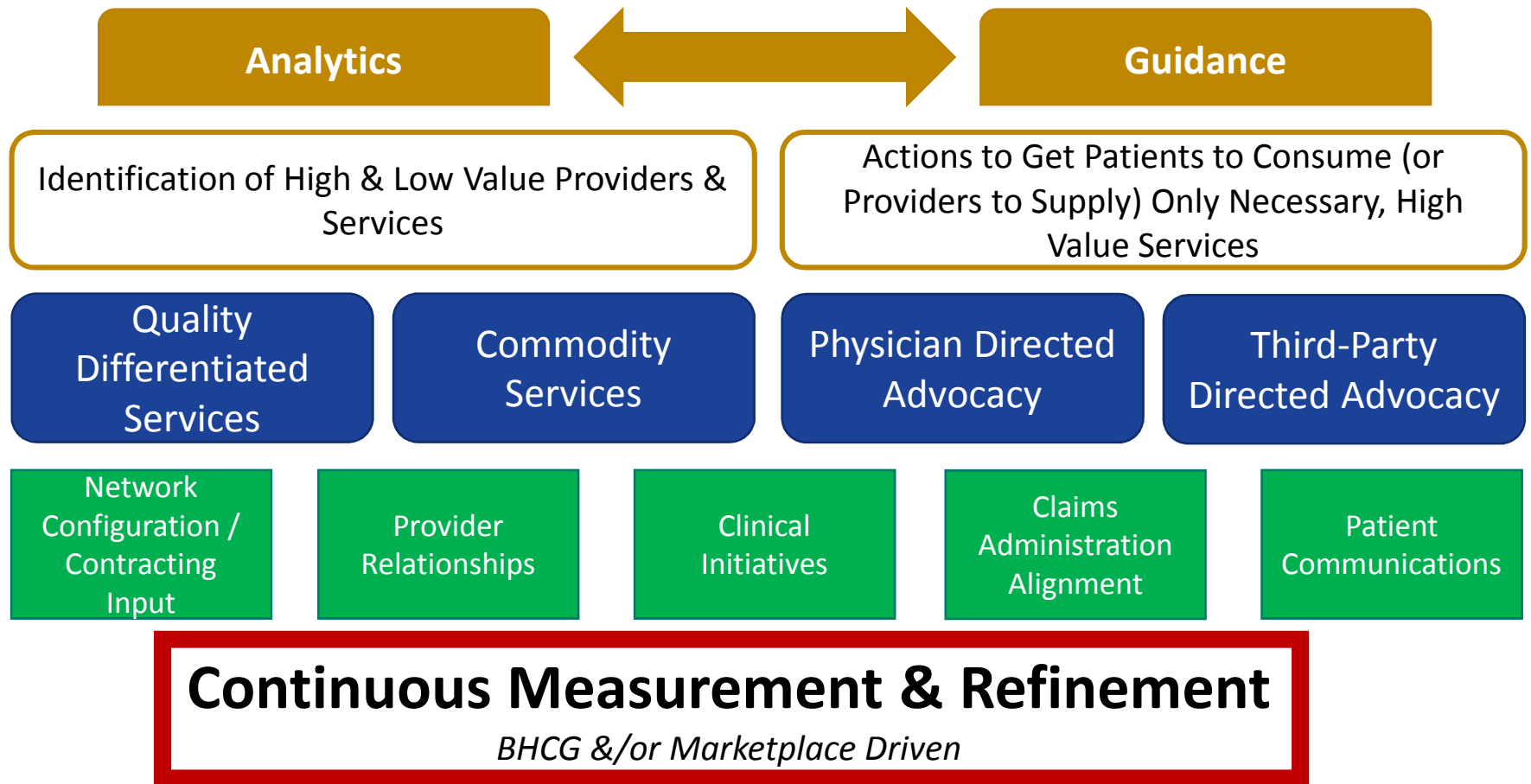
Proactive Breast Cancer Screening:

“I can’t express how grateful I am that whoever it was called and left me that reminder...”

“...please find out who made that call, I want to thank them personally...”

Ascension patient diagnosed with early breast cancer

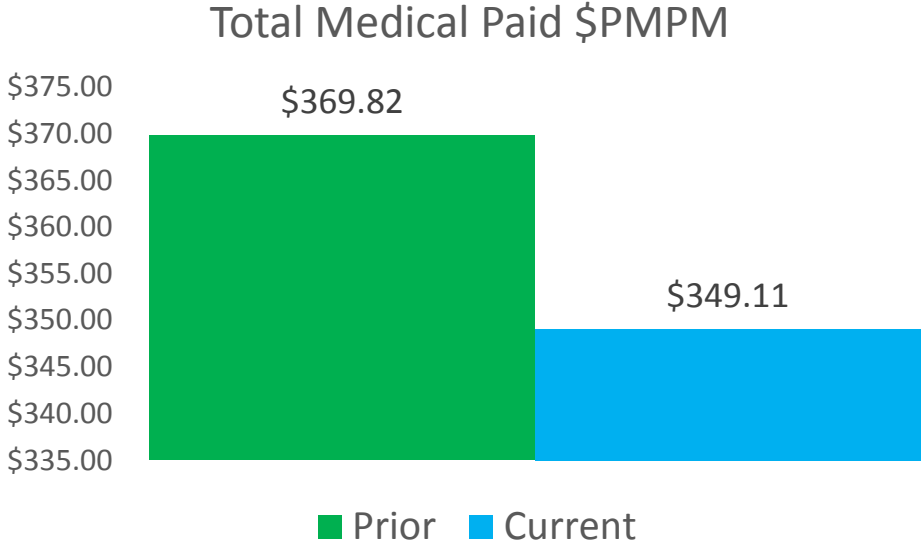
BHCG Strategic Plan



Utilizing analytics to increase value

Ascension Wisconsin Employee Health Plan Total Medical (Allowed)

Metric	Prior	Current	Change
Medical Paid \$PMPM	\$369.82	\$349.11	-5.6%

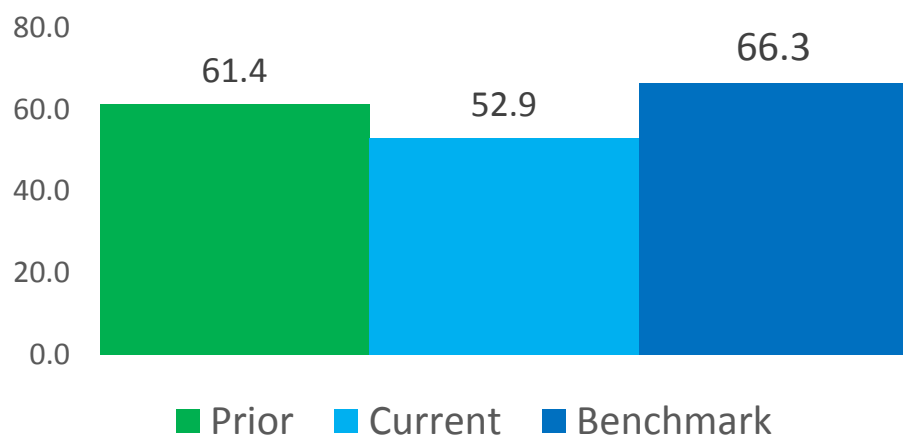


Utilizing analytics to increase value

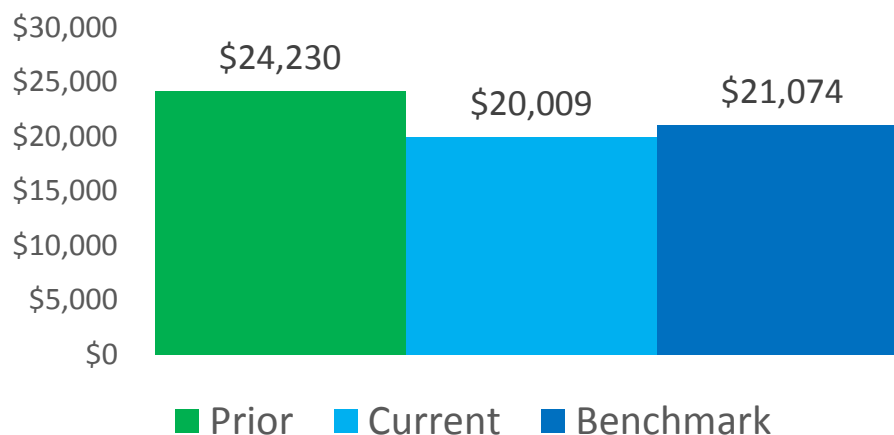
Ascension Wisconsin Employee Health Plan Inpatient Utilization

Metric	Prior	Current	Change	Benchmark ¹	Variance from Benchmark
Admits per 1,000	61.4	52.9	-13.8%	66.3	-20.2%
Allowed per Admission	\$24,230	\$20,009	-17.4%	\$21,074	-5.1%
Average Length of Stay	4.0	3.7	-7.5%	3.8	-2.6%

Inpatient Admissions per 1,000



Inpatient Allowed per Admission

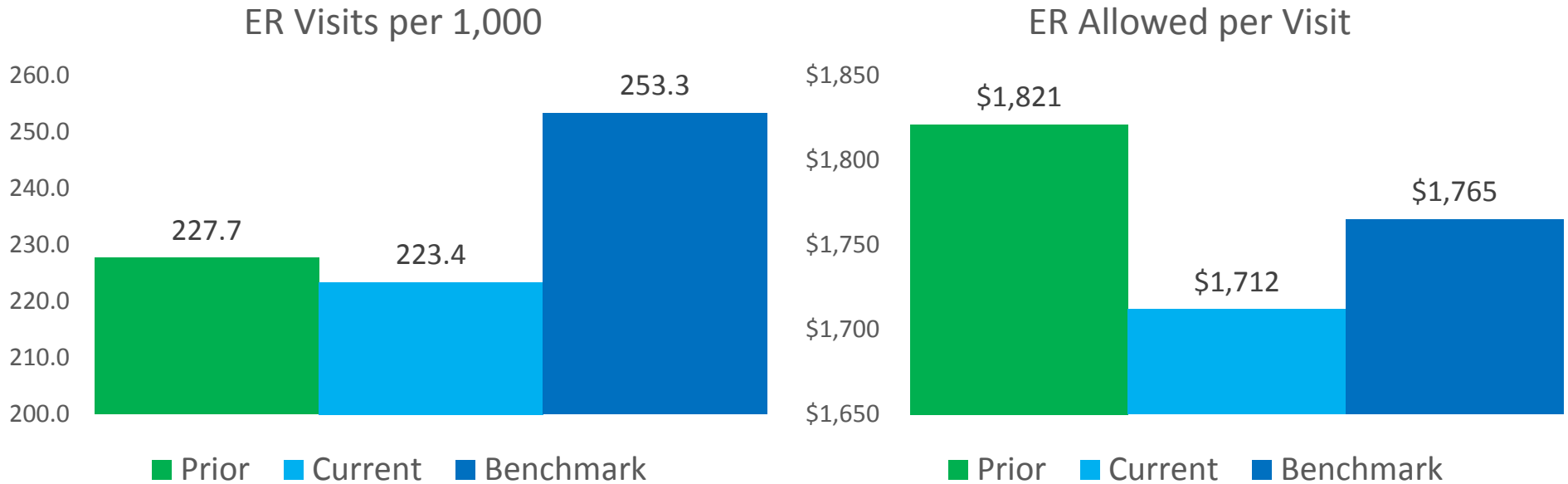


1. Truven/IBM benchmark for commercial health plans (age-gender-geo adjusted)

Utilizing analytics to increase value

SmartHealth ER Utilization

Metric	Prior	Current	Change	Benchmark ¹	Variance from Benchmark
ER Visits per 1,000	227.7	223.4	-1.9%	253.3	-11.8%
ER Allowed per Visit	\$1,821	\$1,712	-6.0%	\$1,765	-3.0%



1. Truven/IBM benchmark for commercial health plans (age-gender-geo adjusted)

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Designing a Collaborative Care Model

Ascension Wisconsin
Navitus
Quantum
UnitedHealthcare
WellDoc

Panel Discussion

Ascension Wisconsin, Jon Sohn, Chief Financial Officer

Navitus Health Solutions, Sara King, PharmD, Clinical Account Executive

Quantum Health, Sarah Simmons Schreiber, Vice President, Sales

UnitedHealthcare, David Smith, Assistant Vice President – Central Region,
Customer Analysis & Solutions



Premium Provider Utilization – Eastern Wisconsin

Highly engaged members cost **11.8%** less than members with lower engagement on a Risk Adjusted PMPM basis




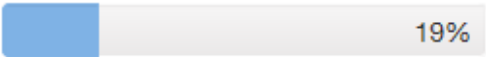
Metric	Low Engaged	Highly Engaged	Variance
Members	15,868	8,682	-
Retrospective Risk Score	1.688	1.391	-17.6%
Covered PMPM	\$546	\$397	-27.3%
Risk Adjusted PMPM	\$324	\$285	-11.8%
Consumer Activation	62.9%	69.2%	6.3 pts



Low Engaged = Members with less than 75% of all eligible charges for Premium Care providers
Highly Engaged = Members with 75% or more of all eligible charges for Premium Care providers
 Analysis includes Continuously Enrolled members, excludes claimants with \$50K+ in medical spend






Members with Diabetes* – High vs. Low Premium Compare

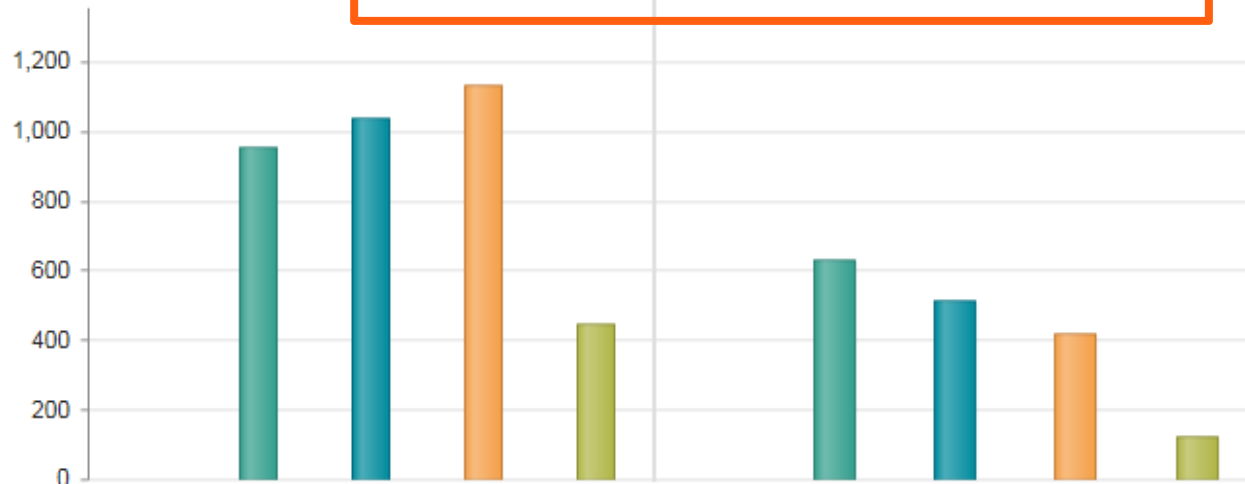
Diabetics with High** use of Premium Care Providers cost 41% less;
22% less on a risk-adjusted basis

	LOW	HIGH
% of Members	 60%	 27%
% of Paid	 77%	 19%
Members	3,980	1,791
Average Age (Member)	52.3	53.1
Retrospective Risk Score	3.527	2.671
Activation	70.1%	74.3%
Allowed PMPM	\$1,242.15	\$731.99

Members
by Payment Band

Sort By: Logical

-  No Claims
-  \$0 - \$499
-  \$500 - \$1,999
-  \$2,000 - \$9,999
-  \$10,000 - \$24,999



*Primary condition of diabetes

**High → ≥75% Premium utilization of Premium eligible spend. Low is <75%.

Medically Homeless

Medically Homeless Analysis

- Two-year evaluation period
- Continuously enrolled adults
- PCP visits & wellness visits
- Stratify the entire population
- Identified on two sub-populations:
 - Zero PCP visits
 - Only 1 PCP visit (not wellness)

What happened in the following 12 months?

Medically Homeless – Follow-up: Original Analysis Covered 4/2016 - 3/2018

Members with Zero or 1 PCP visit from 4/2016 – 3/2018,
Average Cost in the following 12 months (4/2018 – 3/2019, paid thru 3/2019)

Visits by Age	Average Membership	Net Paid 4/18 - 3/19	Net PMPM
1 PCP visit	3,586	\$12,247,899	\$285
20 - 29	330	\$382,003	\$96
30 - 39	988	\$1,957,084	\$165
40 - 49	992	\$3,008,794	\$253
50 - 59	900	\$3,870,763	\$358
60+	376	\$3,029,256	\$671
Zero PCP visits	9,420	\$21,096,651	\$187
20 - 29	853	\$618,596	\$60
30 - 39	2,472	\$3,032,435	\$102
40 - 49	2,591	\$4,329,642	\$139
50 - 59	2,433	\$7,100,914	\$243
60+	1,071	\$6,015,064	\$468
Grand Total	13,006	\$33,344,550	\$214

*Costs
accelerate
around age
40*

**Medically Homeless – Follow-up:
Original Analysis Covered 4/2016 - 3/2018**

Top 10 Claimants with ZERO spend in the preceding 12 months

Medical Payments by Month Incurred

Case	Top Diagnosis Category	Medical Paid	Previous* Medical Paid	Relationship	Age Range	Gdr	Medical Payments by Month Incurred																	
							2018 Apr	2018 May	2018 Jun	2018 Jul	2018 Aug	2018 Sep	2018 Oct	2018 Nov	2018 Dec	2019 Jan	2019 Feb	2019 Mar						
1	Heart valve disorders	\$449,078	\$0	Subscriber	60 - 64	F																		
2	Acute cerebrovascular disease	\$279,859	\$0	Spouse	50 - 59	M																		
3	Other liver diseases	\$259,085	\$0	Subscriber	40 - 49	M																		
4	Intestinal obstruction no hernia	\$224,162	\$0	Spouse	50 - 59	M																		
5	Secondary malignancies	\$198,013	\$0	Subscriber	50 - 59	M																		
6	Other nervous system disorders	\$196,907	\$0	Subscriber	30 - 39	M																		
7	Acute myocardial infarction	\$183,824	\$0	Subscriber	60 - 64	M																		
8	Septicemia (except in labor)	\$174,339	\$0	Subscriber	40 - 49	F																		
9	Heart valve disorders	\$164,703	\$0	Subscriber	65 - 69	M																		
10	Chronic kidney disease	\$154,457	\$0	Subscriber	60 - 64	M																		

6 of top 10 were circulatory related

BHCG Collaboration User Group – Beginning the Journey

- **What?**
 - A collaboration of *employers, employer solution strategic partners, providers* and *health systems*
 - Meeting monthly
- **Mission**
 - Identify and collaborate on opportunities to drive engagement and improve health care value
 - Align objectives and employ data to increase health care value, engage consumers and improve outcomes
- **Goals**
 - Reducing medical homelessness
 - Improving clinical care decisions
 - Informing patient choices
 - Improving the overall health care experience for patients