The 2012 Value Report

Benefits from Clinical Integration

Reporting the 2011 Clinical Integration Results

Advocate Physician Partners

Inspiring medicine. Changing lives.

Built on the foundation of Advocate Physician Partners' Clinical Integration Program, **AdvocateCare drives improvements in efficiency as well as health outcomes.**

Letter from the CEO

Advocate Physician Partners is pleased to share with you the 2012 Value Report—the annual report on the results of its nationally recognized Clinical Integration Program for the year 2011. In 2011, Advocate Physician Partners and its Program continued to expand and evolve. New clinical and efficiency performance measures were added to the Program. Record performance was recorded on almost all measures—meaning that care provided to Advocate Physician Partners patients, especially those with chronic conditions and other medical complexities, has improved even further. And physician membership in Advocate Physician Partners has grown to over 4,000, broadening access to care for more patients in the Chicago metropolitan area as well as the Bloomington-Normal community, patients who are experiencing the high quality care and impressive outcomes described in the pages which follow.

But Advocate Physician Partners' most significant accomplishment in 2011 was the launch of Advocate**Care**—the program to be accountable for outcomes, safety, and patient satisfaction while providing care in a cost efficient manner. Advocate Physician Partners entered into a shared savings contract starting January 1, 2011 with Blue Cross Blue Shield of Illinois. But Advocate**Care** is much more than just a contracting strategy. Built on the foundation provided by Advocate Physician Partners' nationally recognized Clinical Integration Program, it involves a fundamentally different and more comprehensive approach to coordinating care across the continuum to ensure the right care is delivered at the right place at the right time—all at the right cost.

Advocate**Care** represents the next major stage in the evolution of Advocate Physician Partners' Clinical Integration Program. At Advocate Physician Partners, we take very seriously our responsibility to utilize health care dollars and other resources in a socially responsible and financially sustainable manner. Through our focus on prevention, the early detection and optimal treatment of diseases and coordination of care across the continuum, we are confident our efforts will continue to create value by improving outcomes for our patients and reducing costs for employers and payers.

We hope that our accomplishments over the past year strengthen your confidence in our Program and provide quality and value to our patients. We appreciate the trust placed in us as community partners and we will continue to evolve the scope and complexity of our Program to better serve you and the patients for which we are privileged to care. And, as always, we welcome your feedback on the Advocate Physician Partners Clinical Integration Program.

Sincerely,

Lee B. Sacks, M.D.
CEO, Advocate Physician Partners

Table of Contents

Achieving the Triple Aim: Quality, Cost and the Patient Experience 6

Executive Summary 10

Laying the Foundation: Creating a Quality Infastructure 12

- Governance 13
- Pay-for-Performance 13
- Beyond Disease Management 14
- Advancing Health Care Technology 15

Featured Clinical Integration Initiatives 16

- Generic Prescribing Initiative 16
- Asthma Outcomes 20
- Diabetes Care Outcomes 24
- Postpartum Depression Screening 28
- Childhood Immunization Initiative 32

Additional Clinical Integration Initiatives 36

Rasing the Bar: The 2012 Clinical Integration Program 44

Professional and Community Recognition 46

Published Articles 47

Acknowledgements 48

Source List 50


HEALTH PLANS FUND ADVOCATE PHYSICIAN PARTNERS CLINICAL INTEGRATION PROGRAM
ADVOCATE PHYSICIAN PARTNERS ESTABLISHES QUALITY METRICS AND REWARDS HIGH-PERFORMING PHYSICIAN OUTCOMES
HEALTH PLANS, EMPLOYERS AND PATIENTS BENEFIT FROM REDUCED COSTS, SAVED LIVES AND IMPROVED PRODUCTIVITY

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Achieving the Triple Aim: Quality, Cost and the Patient Experience

Advocate Physician Partners' Clinical Integration Program has demonstrated that a physician hospital organization with over 4,000 employed and independent physicians can reduce costs while improving health outcomes. This nationally recognized Program forms the framework on which Advocate Physician Partners has based its first ACO-like contract for commercial patients and drives Advocate Health Care's transformational new care delivery model, Advocate**Care**. The primary goal of Advocate**Care** is to provide value to patients, employers and payers by delivering outstanding clinical care and outcomes while reducing inefficiencies and redundancies and their associated costs. Built on the foundation provided by Advocate Physician Partners' respected Clinical Integration Program, Advocate**Care** unites independent and employed physicians along with the Advocate hospitals in a program that drives improvements in efficiency as well as health outcomes.

Creating Value

In order to bend the cost curve and attain the optimal convergence between the three interdependent drivers of value: population health, patient experience and total cost per capita (also known as the Triple Aim), Advocate Physician Partners has aligned the entire organization through Advocate**Care**. The goals of Advocate**Care** relate to improved coordination of care across the continuum, developing lifelong relationships with patients, improving access to services and other components of the primary care physician medical home. Additionally, reducing the clinical and financial resources wasted as a result of poor care coordination, poor transitions from one site of care to another and poor communication can lead to dramatic reductions in avoidable hospital admissions, readmissions and overuse of outpatient services.

To support achievement of these goals, Advocate Physician Partners has initiated a number of program and structural changes.

Enterprise Care Management (ECM): Advocate Physician Partners and Advocate Health Care have created a single ECM structure with senior leadership oversight, support and accountability. ECM aligns the strategic and tactical work related to global outpatient management, intensive inpatient management, transitions of care, post-acute care network development and management and new data and analytics management across the system and strongly aligns with the Clinical Integration Program.

Physician Incentive Model: Advocate Physician Partners has an eight-year history of successfully distributing clinical integration incentive funds to physicians based on excellent clinical performance related to adoption of key technologies, efficiency, quality, patient safety and patient experience. In order to assure the financial self interest of all key stakeholders in pursuing the Triple Aim, Advocate Physician Partners has taken steps to combine all commercial business incentive funds together with shared savings for our existing commercial ACO contract.

Patient Attribution: As part of the commerical ACO contract, a method to prospectively attribute PPO patients to physicians within Advocate Physician Partners has been developed and implemented. All member physicians have received a list of patients attributed to them and these patients have been entered into the physicians' individual patient registries. This allows physicians to proactively manage patients and has received widespread physician acceptance.

Care Managers: The literature suggests 3 percent to 5 percent of commercially insured patients are complex patients who incur costs that do not contribute to improved health outcomes and which can be significantly controlled by additional care coordination and closer clinical management by care managers. To identify and prioritize these patients, Advocate Physician Partners has invested in software that risk-stratifies patients using predictive modeling capabilities. Care managers work closely with the patient's primary care physician to identify and help address social, financial, educational and practical barriers to needed care, help coordinate services across multiple providers and sites of care and help develop customized care plans based on patient preferences, values and capabilities. It is anticipated that care managers will have a significant impact on all three objectives of the Triple Aim.

Primary Care Physician (PCP) Access: Several new tactics to improve access to primary care services have been identified and include expanding primary care office hours to include early morning, additional evening, weekend and same-day appointments. Several pilots are underway to use secured electronic patient health record portals that will, in addition to providing access to key elements of the patient medical record, be used for email and telephonic consultations. Other tactics include expansion of after-hours nurse consultation services and new partnerships with local pharmacy retail clinics run by nurse practitioners.

Multi-Condition Centers: According to a recent AHRQ Report[1], half of all annual medical expenditures are attributed to the care of chronic diseases. In addition, more than a quarter of people with chronic conditions also have some type of activity limitation such as difficulty walking, dressing or bathing. Health care spending often doubles for people with chronic illness and activity limitations. For these reasons, Advocate Physician Partners has taken a strong stand for improving the health of these populations through optimizing treatment, patient activation and self-management skills.

To respond to a need for more intense patient-centered attention to poorly controlled chronic conditions, Advocate Physician Partners has established several specialized diabetes clinics located in areas of high need. These are staffed by advanced practice nurses, pharmacists, dieticians, exercise physiologists and educators. Each is protocol-driven to enable evidence-based care in a patient-centered environment. This allows providers to work intensely with those patients needing extra assistance to optimize clinical management, patient activation and self-management skills. To extend care to a larger population, these clinics are being expanded to include additional chronic conditions such as asthma and coronary artery disease.

The Future of AdvocateCare

While there are still many unanswered questions about the best way to achieve health care reform, one fact is clear. The current system is unsustainable, not only in terms of the financial cost of maintaining it, but more importantly, the human cost of under-managed chronic illness, increased morbidity and mortality and reduced quality of life. Advocate Physician Partners is committed to providing the highest quality of care while managing costs in a responsive and responsible manner that will provide better outcomes in the communities it serves.

Executive Summary

Advocate Physician Partners brings together more than 4,000 physicians and ten hospitals in the Advocate Health Care system in a unique collaborative—the Clinical Integration Program—designed to improve health outcomes and increase the value received for the dollars spent by employers on employee health benefits. This unique Program is made possible by funding from all the major health insurance plans in Illinois, as well as the Advocate system. It joins together what would otherwise be a fragmented group of employed and independently practicing physicians into a single comprehensive care management program, utilizing a common set of goals and measures across all insurance carriers, with a focus on improved health care outcomes and reducing the long term cost of care. Unlike third-party disease management or preventive health programs, Advocate Physician Partners' Clinical Integration Program provides extensive infrastructure and support directly to physicians participating in the Program, as well as a pay-for-performance incentive system, to help drive the outstanding level of performance documented in this Report.

The Program is built on the standards set by industry leadership groups including the Centers for Medicare and Medicaid Services (CMS), the National Quality Forum (NQF), The Joint Commission (TJC), the National Committee for Quality Assurance (NCQA), the Agency for Health Care Research and Quality (AHRQ) and the American Medical Association (AMA), among others. These measures incorporate the most current standards of evidence-based medicine, helping ensure optimal management of population health status. This use of evidence-based medicine and pursuit of benchmark performance levels results in fewer medical errors, improved patient outcomes, reductions in employee absenteeism and, ultimately, significant reductions in health care cost through prevention, early detection and optimal management of chronic disease and coordination of care across the entire continuum.

The 2012 Value Report highlights the results of the Clinical Integration Program for 2011. Significant accomplishments of the Program include:

- Advocate Physician Partners' Generic Prescribing initiative resulted in generic drug prescribing rates 2 to 5 percentage points higher than the rates for three of the largest Chicago-area insurers. Based on the lowest differential, the initiative resulted in savings of $12.4 million, with the potential for savings as high as $31.2 million annually for the highest differential, for payers, employers and patients above the community performance.
- Advocate Physician Partners' comprehensive Asthma Outcomes initiative resulted in an asthma control rate 17 percentage points better than the national average, saving more than $8.9 million in direct and indirect medical costs above the national average annually. These results also include saving an additional 39,390 days from reduced absenteeism and lost productivity.
- Advocate Physician Partners' Diabetes Care initiative efforts to reduce hemoglobin A1c levels resulted in more than $4.3 million in savings annually above the community performance due to improved control of diabetes. Sustaining those reductions could save 26,400 years of life, 42,240 years of extended eyesight and 31,680 years free from kidney disease for patients with reduced hemoglobin A1c levels, a key measure of control.
- Advocate Physician Partners' Postpartum Depression Screening initiative resulted in screenings for 96 percent of new mothers, exceeding the national screening rate of 50 percent. In addition, the initiative resulted in savings of more than $751,000 annually and saved more than 1,946 work days per year.
- Advocate Physician Partners' rotavirus immunization rates exceeded national averages by 14 percentage points for HMO patients and 28 percentage points for PPO patients, saving over $5.2 million in avoided hospitalization costs due to complications of the disease cluster.

Laying the Foundation: Creating a Quality Infrastructure

A successful clinical integration program requires a comprehensive approach that includes engaging physicians in leadership, addressing shortcomings of the current payment system and providing infrastructure and support for chronic disease management initiatives. The success of a program designed to continuously improve outcomes and reduce costs is dependent upon building a strong culture of committed physicians. To help sustain that commitment, the program must include a pay-for-performance system that recognizes and rewards physicians for improved patient care outcomes. These improved outcomes stem from a program built on evidence-based guidelines developed from industry leadership groups. Rounding out this infrastructure are extensive training programs for physicians and their staff, as well as information technologies designed to provide physicians with necessary supports to drive better patient outcomes more efficiently.

Governance

At any given time, over 100 Advocate Physician Partners member physicians hold governance positions on various boards and committees that guide the measure development process, monitor results and oversee improvement efforts. Advocate Physician Partners requires all board and committee members to participate in a comprehensive governance orientation program and business conduct programs to reinforce their duties and obligations. In addition, new leaders participate in a mentoring program in collaboration with an existing physician leader. Physician representation in governance has facilitated a strong sense of group identity, enabled rapid expansion of the Program and fostered acceptance of ever more challenging performance goals and measures by the general physician membership.

Pay-for-Performance

A critical component of Advocate Physician Partners' Clinical Integration Program is its pay-for-performance incentive system. In addition to encouraging physicians to achieve Program goals, the incentive is designed to recognize the additional work required of physicians and their staff to accomplish these goals, work which typically is not reimbursed under the current fee-for-service system but which is necessary to achieve and sustain the high level of performance the Program demands. A unique feature of the incentive program is the alignment of goals and rewards it creates amongst individual physicians and their peers, as well as physicians and the Advocate system. This alignment plays an important role in developing a culture of continuous quality improvement across the organization.

Advocate Physician Partners maintains rigorous physician membership criteria. These help assure full commitment of the physician while strengthening group identity and provide sanctions for non-performance that include forfeiture of incentive payments, enrollment in corrective action programs and removal of chronically underperforming physicians from the Advocate Physician Partners' network.

Beyond Disease Management

Unlike traditional disease management programs which focus primarily on claims-driven patient management, the Advocate Physician Partners' Disease Management Program is driven by physicians and begins with the early identification of disease in patients. While early diagnosis by a physician is a critical first step in managing chronic disease, it is just one part of Advocate Physician Partners' multi-faceted approach to improving health outcomes. Other components of the Advocate Physician Partners' Beyond Disease Management Program include embedded chart-based patient management tools, a comprehensive patient outreach program, individual patient coaching, outpatient care managers focused on the highest risk patients, chronic disease physician collaboratives and outpatient diabetic wellness clinics.

Year	Care Management Advancements
2004	Physician Reminders for Care
	Chart-Based Patient Management
2006	Patient Outreach
2007	Physician Office Staff Training
	Pharmacy Academic Detailing Program
	Generic Voucher Program
2008	Diabetes Collaborative
	Patient Coaching Program
	Hospitalists Program
2009	Diabetes Wellness Clinics
	Asthma, Heart Failure and Coronary Artery Disease Collaboratives
2011	Advocate**Care** Health Care Delivery Model Implemented
	Access and Chronic Obstructive Pulmonary Disease Collaboratives
	Embedded Care Managers in Selected Primary Care Practices
	Physician Practice Performance Coaches
	Medication Therapy Management Program

Table 1. Beyond Disease Management Advances

Advancing Health Care Technology

The use of advanced information technology has a transformational impact on the way medicine is practiced and is a primary focus of the American Recovery and Reinvestment Act of 2009. In its electronic health record (EHR) adoption criteria for health care providers, the government has mandated use of a Computerized Physician Order Entry (CPOE) system and considers it "a foundational element to many of the other objectives of meaningful use."[1] Through Advocate Physician Partners' Clinical Integration Program, physicians are required, and in some cases provided incentives, to adopt technologies that enhance communication of critical information, drive performance and, ultimately, improve patient outcomes. These technologies include the use of high speed internet access in the physician office, Advocate's CPOE system, the electronic intensive care unit (eICU®), web-based patient registries, e-Prescribing, Advocate Physician Partners' e-learning program, an electronic medical records system in physicians' offices and tools for tracking care delivered to patients across the entire continuum of of care.

Year	Advancing Health Care Technology
2004	High Speed Internet Access in Physician Offices
	Centralized Longitudinal Chronic Disease Registries
	Access to Hospital, Lab and Diagnostic Test Information Through a Centralized Clinical Data Repository
2005	Electronic Data Interchange (EDI)
2006	Computerized Physician Order Entry (CPOE)
	Electronic Medical Record Roll out in Employed Groups
2007	Electronic Intensive Care Unit (eICU®)
2008	e-Prescribing
2009	Web-based Point of Care Integrated Registries (CIRRIS)
2010	e-Learning Physician Continuing Education
	Electronic Medical Records Roll out in Independent Practices
2011	DART and ActiveAdvice Care Management Tools

Table 1. Advancing Technology Adoption

More information about each of these program components is available online at advocatehealth.com/valuereport.

Generic Prescribing Initiative

Advocate Physician Partners Case for Improvement

Changes in utilization and unit cost are the two key factors generally thought to contribute to the growth in spending for pharmaceuticals. A recent drug trend report shows that in 2010, for the first time since 2007, the drug trend was driven more by utilization increases than unit cost increases. However, branded pharmaceuticals experienced annual price inflation of over nine percent for the fourth year in a row, exceeding the price inflation for generic medications by a wide margin.[1]

2011	2012	2013
Concerta® ($1.560 billion)	Actos® ($2.913 billion)	Aciphex® ($1.006 billion)
Levaquin® ($1.542 billion)	Lexapro® ($2.590 billion)	Cymbalta® ($2.891 billion)
Lipitor® ($5.803 billion)	Plavix® ($5.020 billion)	Lovaza® ($0.806 billion)
Solodyn® ($0.897 billion)	Seroquel® ($3.549 billion)	Maxalt® ($0.510 billion)
Zyprexa® ($2.114 billion)	Singulair® ($3.823 billion)	Niaspan® ($0.888 billion)

Table 1. Patent Expirations 2011-2013 (2010 U.S. retail sales in $ billions)

The benefits of a successful generic drug promotion strategy can be substantial in today's environment. Medications with total 2010 U.S. sales of over $50 billion could lose patent protection over the three-year time period between 2011 and 2013 (Table 1),[1] providing payers and consumers with an opportunity to reap significant cost savings by increasing generic drug utilization.

Extensive data exist demonstrating the effectiveness of generic drugs in treating patients. In addition, because they have been in use longer, generic medications have long-term safety data not available with newer, branded medications. This combination of long-term efficacy and safety, combined with their low-cost, makes generic pharmaceuticals a cost-effective option for physicians and their patients.

Advocate Physician Partners Objective

The goal of Advocate Physician Partners is to increase the use of clinically appropriate generic medications in the outpatient setting. In 2011, Advocate Physician Partners established a generic prescribing target rate of 73 percent or better for the overall generic usage rate for all prescription drugs (all generic prescriptions/all prescriptions). This is equivalent to the Generic Dispensing Rate (GDR), a nationally recognized standard of measurement.[2] Additionally, Advocate Physician Partners has established targets for key therapeutic drug classes such as statins (medications for reducing blood cholesterol levels) and proton pump inhibitors (medications for treating gastrointestinal ailments).

Advocate Physician Partners employs two full-time pharmacists to facilitate the process of generic substitution. These pharmacists provide academic detailing to educate physicians on safe and clinically efficacious generic drug substitution opportunities. Academic detailing includes regular meetings with physicians and their staff, periodic review of pharmacy reports on physician practice patterns and comparisons to peer performance.[3]

The Advocate Physician Partners generic voucher program, initiated in 2007 in collaboration with Walgreens, enables physicians to provide patients with vouchers that allow them to obtain a one-month supply of a generic medication at no cost or at a significantly reduced cost. The program has focused on medications for chronic diseases like hypertension and elevated cholesterol and can lead to tremendous savings compared to branded medications.[4]

In 2011, Advocate Physician Partners added pharmacists who specialize in oncology drugs and Medication Therapy Management (MTM). Oncology drugs will likely become the second- or third-largest category driving drug trend by 2015. Sales of oncology drugs are growing at an annual compound rate of 12 percent to 15 percent and are expected to reach $80 billion worldwide by 2012.[1] The goal of MTM services is to ensure the safe, effective and economical use of medications. Pharmacist-provided care can reduce drug expenditures, hospital readmissions, length of stay and emergency department visits.[12]

Generic Prescribing Initiative

Economic and Medical Impact

- Prescription drug spending is projected to increase from $216.7 billion in 2006 to $515.7 billion in 2017, an increase of 138 percent in an 11-year span.[5]
- A large meta-analysis showed that generic and brand-name cardiovascular drugs achieve similar results for nearly all clinical outcomes.[6]
- Generic medications can cost up to 80 percent less than their branded counterparts and can save consumers $8 – $10 billion annually.[7]
- It is estimated that the use of lower cost generic alternatives in place of branded pharmaceuticals may have resulted in savings of over $42 billion in 2008 alone.[8]
- Generic medications represent one of the most cost-effective interventions in health care. It is estimated that every one percentage point increase in generic drug utilization results in a nearly one percentage point decrease in overall drug spending.[9]
- 90 percent of cancer drugs approved during the last five years cost more than $20,000 for a three-month course of therapy.[1]

Advocate Physician Partners Metrics/Results

In 2011, Advocate Physician Partners physicians achieved an overall generic drug usage rate of 74 percent, comparing favorably to national pharmacy benefit managers and major drug chains and exceeding the performance of three large Chicago-area insurers.[10-11] With respect to the use of generic statins and proton pump inhibitors, Advocate Physician Partners achieved generic dispensing rates of 74 percent and 83 percent, respectively. This compares favorably to the generic dispensing rate from a major insurer carrier of 72 percent for statins and 76 percent for proton pump inhibitors.

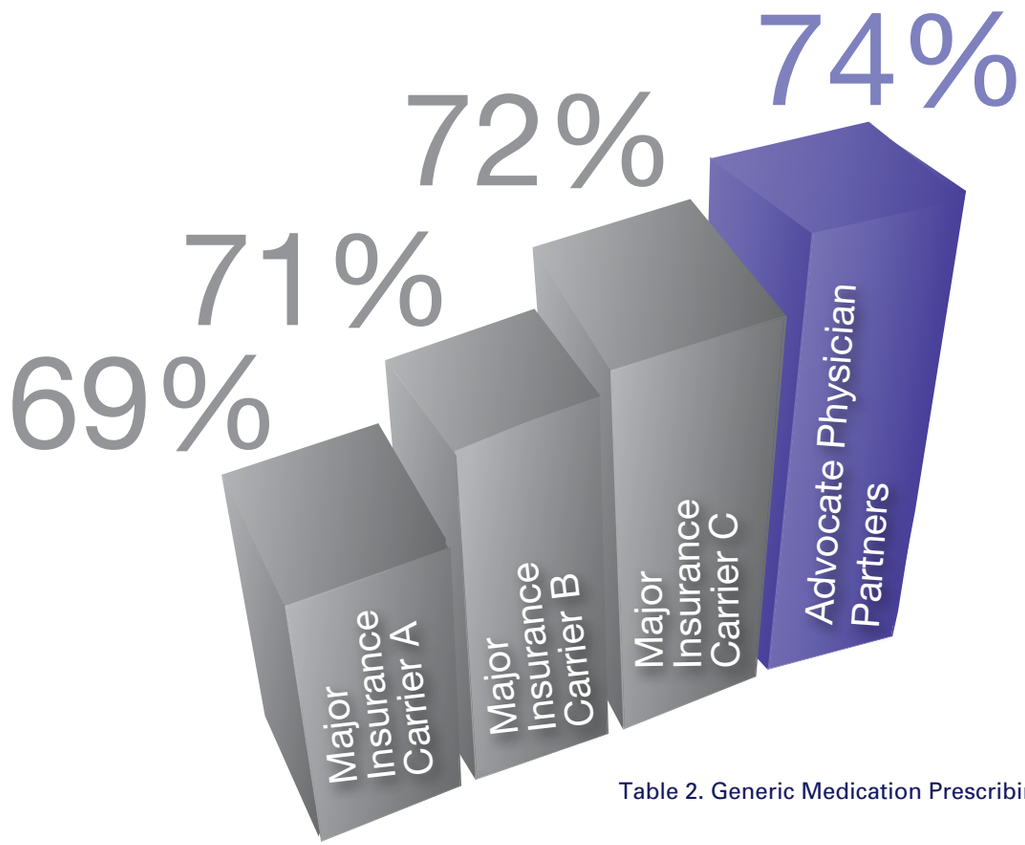

Table 2. Generic Medication Prescribing

Advocate Physician Partners

Impact on Quality and Cost

In 2011, Advocate Physician Partners' Generic Prescribing initiative **resulted in prescribing rates 2 to 5 percentage points higher** than three of the Chicago-area's largest insurers. Based on the lowest differential, the initiative **resulted in savings of $12.4 million, with the potential for savings as high as $31.2 million annually** for the highest differential, for payers, employers and patients above the community performance.

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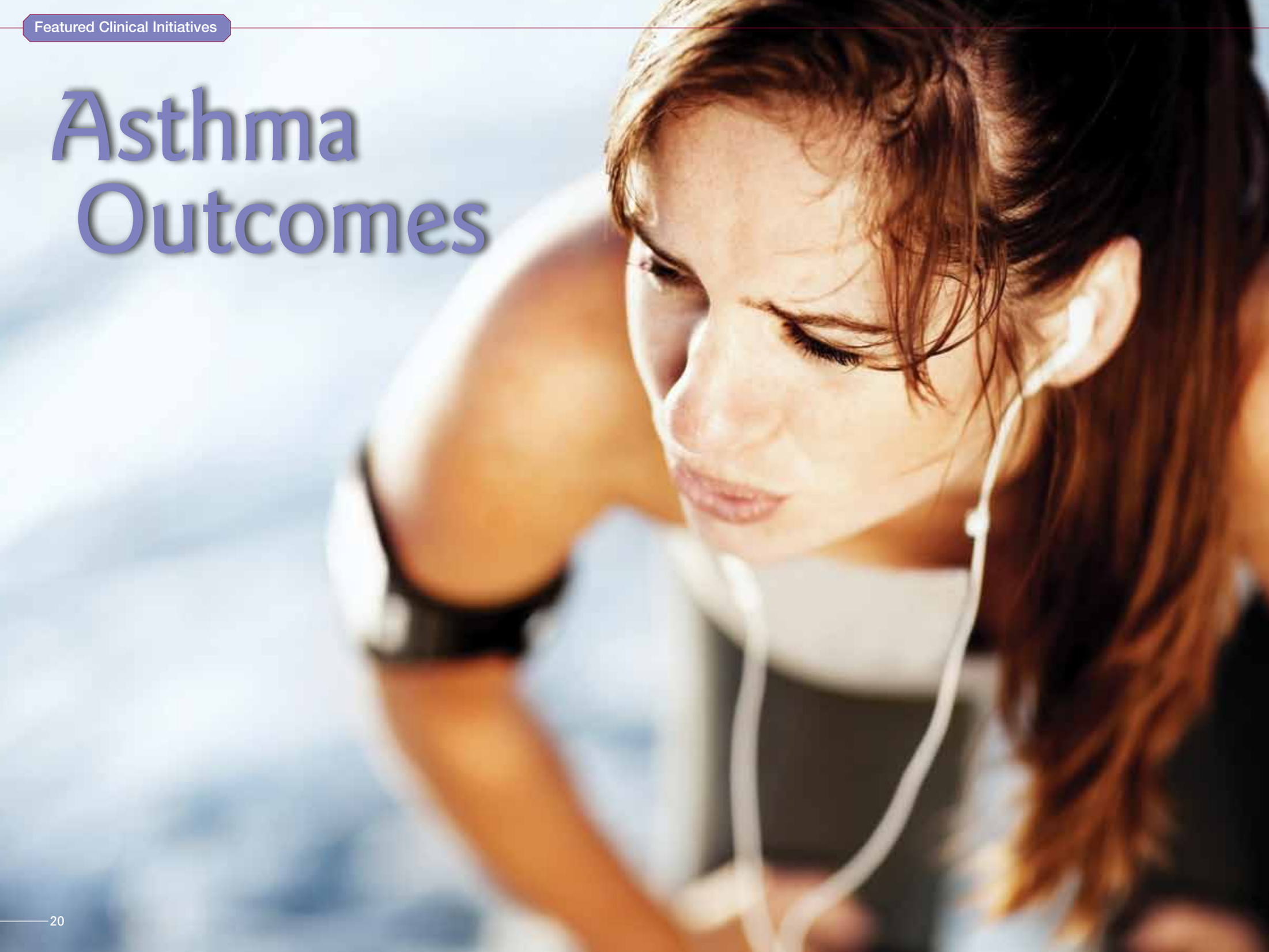
Asthma Outcomes



Advocate Physician Partners Case for Improvement

Approximately 5,000 Americans die every year as a result of asthma. Many of these deaths could have been avoided with a proper disease management program.[1] Recent studies have shown that patients with controlled asthma have 56 percent fewer ED visits, 55 percent fewer hospital days and 24 percent fewer visits to medical providers over a 6-month period compared to patients with uncontrolled asthma. In addition, the same study showed patients with controlled asthma had 11 percent improved productivity over patients with uncontrolled asthma. This 11 percent translates to 4.4 work hours during a 40-hour work week, yielding 229 hours or 6 weeks of work annually for each patient with controlled asthma.[2]

A recently reported large, multi-site study found that over 50 percent of patients with asthma seeing a primary care physician had uncontrolled asthma at the time of the office visit using an Asthma Control Test (ACT) tool.[3] The tool has been validated as the most effective means to objectively assess asthma control levels.

Advocate Physician Partners Objective and Interventions

Advocate Physician Partners' objective is to educate, treat and follow up with patients to reduce potential complications of asthma as well as assist patients with the management of their asthma through lifestyle changes and pharmacologic treatments.

The Asthma Outcomes initiative is a comprehensive management program that supports both the physician and patient in achieving better control of asthma. Advocate Physician Partners physicians utilize the numerous Beyond Disease Management program efforts explained on page 14. In addition, physicians and their staff participate in other innovative programs designed to reengineer the physician office and provide support to supplement traditional services received in the physician office. Included in these programs are implementation of an asthma action plan, smoking cessation counseling, use of ACT and Asthma Therapy Assessment Questionnaire (ATAQ) screening tools, physician participation in asthma collaboratives, outpatient care managers dedicated to supporting the sickest of these patients and use of asthma care coordinators to educate patients.

Asthma Outcomes

Economic and Medical Impact

- In 2009, an estimated 24.6 million Americans were affected by asthma.[4]
- Asthma accounts for $56 billion in direct and indirect health care costs annually. Direct medical costs account for $50.1 billion and indirect cost from lost productivity another $5.9 billion.[4]
- In 2007, there were a reported 18,504 hospitalizations for asthma-related illness in Illinois, with total direct costs exceeding $280.4 million.[5]
- From the employer's perspective, the average annual total medical cost of an employee with persistent asthma ($6,452) was higher than that of a non-asthmatic employee ($2,040). In addition, the indirect cost of an employee with persistent asthma exceeded that of the non-asthmatic by $924 annually.[6]

Advocate Physician Partners Metrics/Results

Advocate Physician Partners achieved a control rate of 59 percent for patients with asthma, exceeding the national control rate of 42 percent.

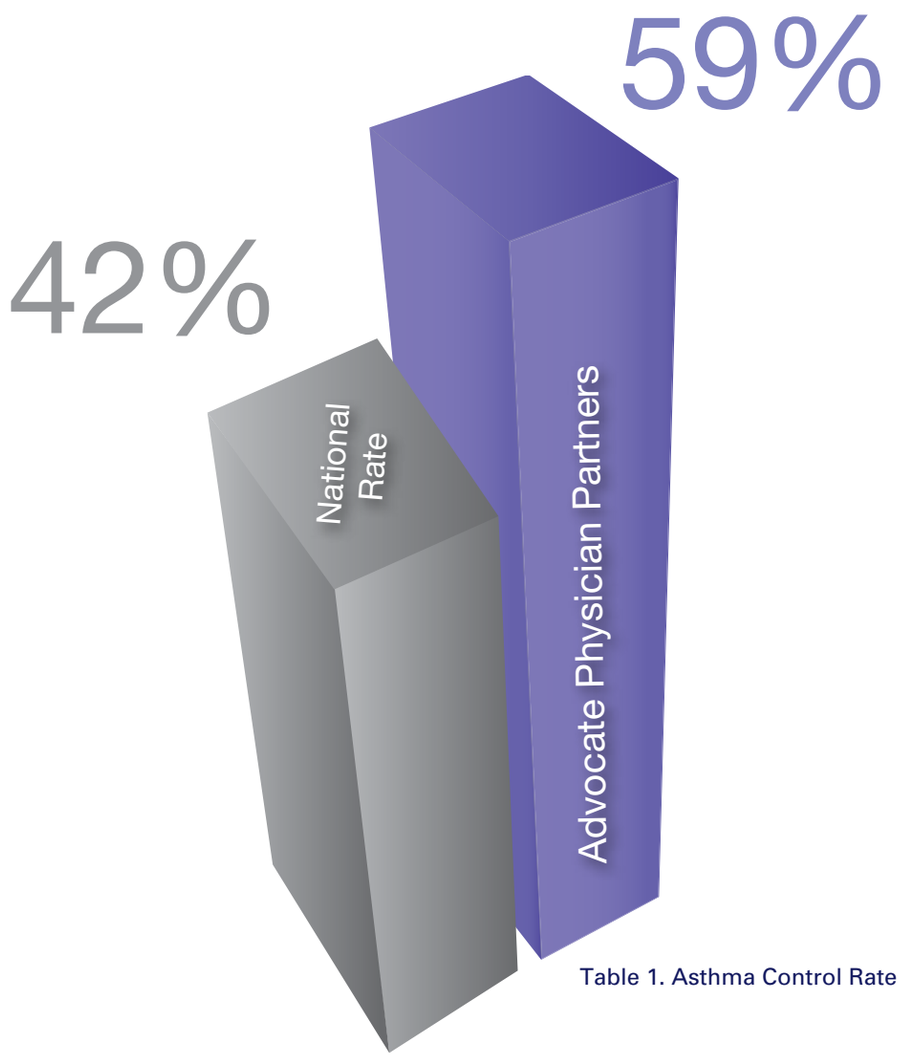


Table 1. Asthma Control Rate

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' comprehensive Asthma Outcomes initiative **resulted in a control rate 17 percentage points above national averages and saved nearly an additional $8.9 million annually in direct and indirect medical costs above the national average.** This amount includes an additional **39,390 days saved from absenteeism and lost productivity annually.**

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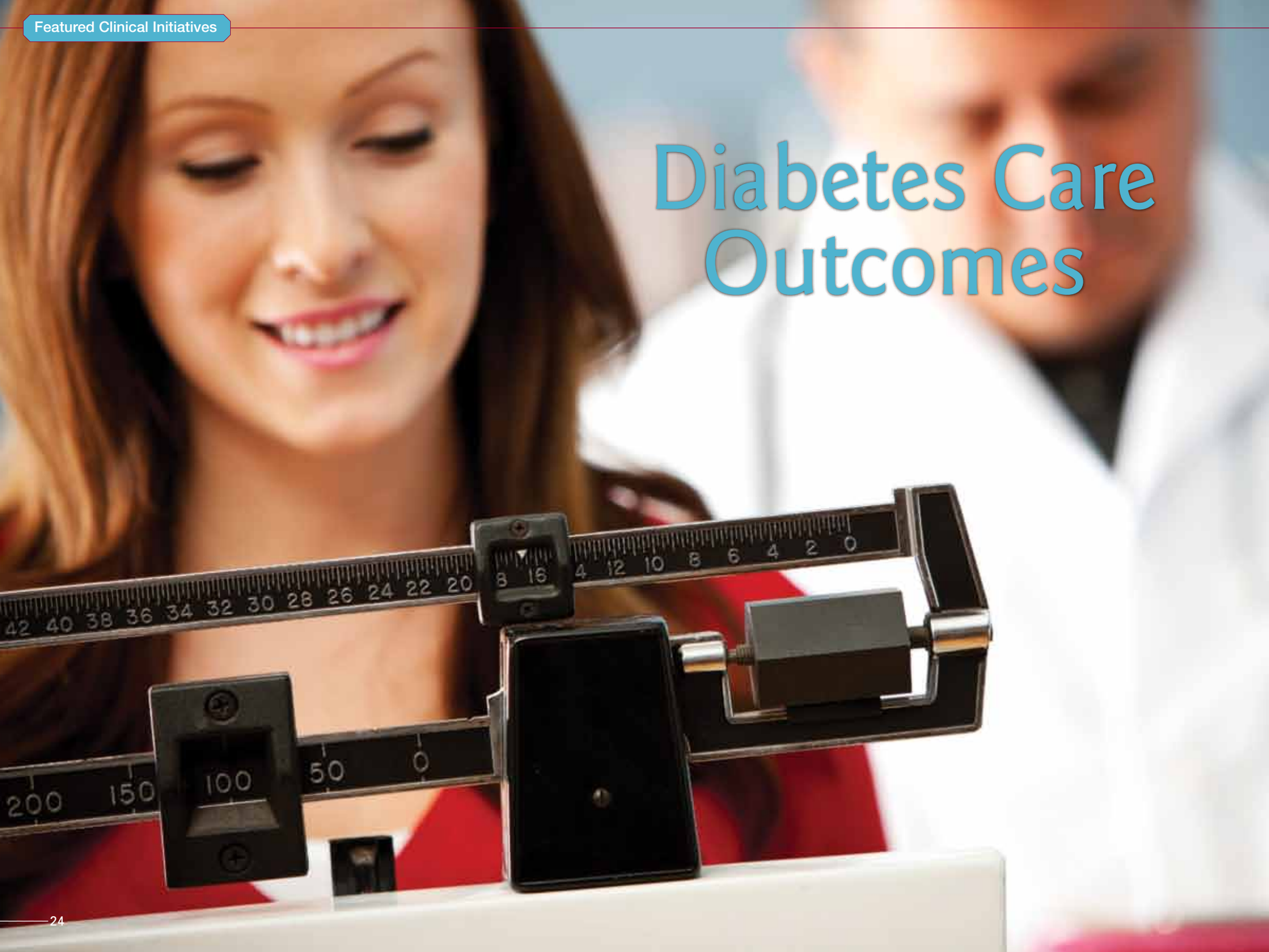
Diabetes Care Outcomes



Advocate Physician Partners Case for Improvement

Diabetes is associated with an increased risk for a number of serious, costly and sometimes life-threatening complications including blindness, heart disease and stroke, kidney disease, nervous system disease, dental disease, amputations and pregnancy complications.

Multiple studies have shown that a sustained reduction in hemoglobin A1c levels (blood glucose) is associated with lower costs resulting from fewer complications of the disease.[1,2,3] Studies also show that, over a three-year period, a one percentage point decrease in A1c levels leads to a difference in medical costs ranging from $1,200 to $4,100 per patient with diabetes.[4] In addition, every percentage point decrease in the A1c level reduces the risk of developing eye, nerve and kidney disease by 40 percent.[5] A one percentage point drop in A1c levels can result in an extra five years of life, eight years of vision and six years without kidney disease.[6]

Table 1 illustrates additional benefits of treating diabetes for each Advocate Physician Partners' targeted measure. Each one of the strategies translates to direct and indirect health care savings. In addition to the strategies highlighted in the table, Advocate Physician Partners physicians measure body mass index (BMI). Studies show being overweight or obese substantially increases the lifetime risk of developing diabetes for individuals.

Strategy	Benefit/Result
Blood Pressure Control	Reduction of 35 percent in macrovascular and microvascular disease per 10 mmHg drop in blood pressure
Cholesterol Control	Reduction of 25 to 55 percent in coronary heart disease events; 43 percent reduction in mortality rate
Smoking Cessation	Reduction in complications from cardiovascular diseases, respiratory disease and cancer; 16 percent quitting rate
Annual Screening for Microalbuminuria	Reduction of 50 percent in nephropathy using ACE inhibitors for identified cases
Annual Eye Examinations	Reduction of 60 to 70 percent in serious vision loss
Foot Care in People with High Risk of Ulcers	Reduction of 50 to 60 percent in serious foot complications
Influenza Vaccinations among the Elderly for Type 2 Diabetes	Reduction of 32 percent in hospitalizations; 64 percent drop in respiratory conditions and mortality

Table 1. Treating Diabetes and its Complications[10]

Advocate Physician Partners Objective and Interventions

Advocate Physician Partners' objective is to improve care and lessen the complications of diabetes by aggressively tracking and managing several key critical performance measures.

The Diabetes Care Outcomes initiative is a comprehensive management program that supports both the physician and patient in achieving better control of nine critical measures. Advocate Physician Partners physicians utilize the numerous Beyond Disease Management program efforts explained on page 14. In addition, physicians and their staff participate in other innovative diabetes programs designed to help reengineer and supplement traditional services received in the physician office. These programs include physician participation in a diabetes collaborative program and diabetes wellness clinics and outpatient care managers dedicated to supporting the sickest of these patients. For additional information on these programs, please refer to advocatehealth.com/valuereport.

Diabetes Care Outcomes

Economic and Medical Impact

- Diabetes directly or indirectly touches almost everyone in society with just under one in ten people having the disease.[7] In addition, one of every ten health care dollars is attributed to diabetes.[8]
- People with diabetes use more health resources such as hospital inpatient care, physician office visits, emergency visits, nursing and home health, prescription drugs and medical supplies than their peers without diabetes.[7]
- In 2007, the direct and indirect estimated costs for diabetes totaled $174 billion. Average medical expenditures for patients with diabetes are 2.3 times higher than those without diabetes.[9]
- The national cost of lost productivity associated with diabetes in 2007 was estimated at $58.2 billion.[7]

Advocate Physician Partners Metrics/Results

In 2011, Advocate Physician Partners physicians exceeded targets and performed at or well above national averages on all control measures for both the HMO and PPO populations served (Table 2). Additionally, physicians improved on almost all measures over the previous year's outstanding results, driving improvement internally as well as on a regional and national level.

Screening and Control Measures	HEDIS HMO	APP HMO	Variance	HEDIS PPO	APP PPO	Variance
HbA1c Testing	89.9	91.5	**1.6**	85.2	89.8	**4.6**
Poor HbA1c Control (>9) (Lower is better)	**27.3**	**20.4**	**6.9**	**46.6**	**19.1**	**27.5**
Good HbA1c Control (<7)	**42.5**	**47.4**	**4.9**	**28.2**	**53.7**	**25.5**
Eye Exams	57.7	69.9	**12.2**	45.5	57.1	**11.6**
LDL-C Screening	85.6	89.7	**4.1**	79.9	86.5	**6.6**
LDL-C Control (<100)	**47.7**	**60.3**	**12.6**	**37.3**	**61**	**23.7**
Monitoring Nephropathy	83.6	87.1	**3.5**	74.3	82.4	**8.1**
Blood Pressure Control (<130/80)	**33.9***	**58.2**	**24.3**	**23.6***	**56.2**	**32.6**
Blood Pressure Control (<140/90)	**65.7**	**85.5**	**19.8**	**51.1**	**83.3**	**32.2**

Table 2. Diabetes Care Measure Comparative[11]

*NCQA Control for this measure not updated for 2010; 2009 results stated.

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' Diabetes Care initiative resulted in an **additional 26,400 years of life, 42,240 years of sight and 31,680 years free from kidney disease.**

Calculating savings from just one of the control outcomes—poor HbA1c—Advocate Physician Partners saved more than an **additional $4.3 million annually above national performance levels.** Factoring in savings from the cholesterol and blood pressure control outcomes would significantly increase these annual savings.

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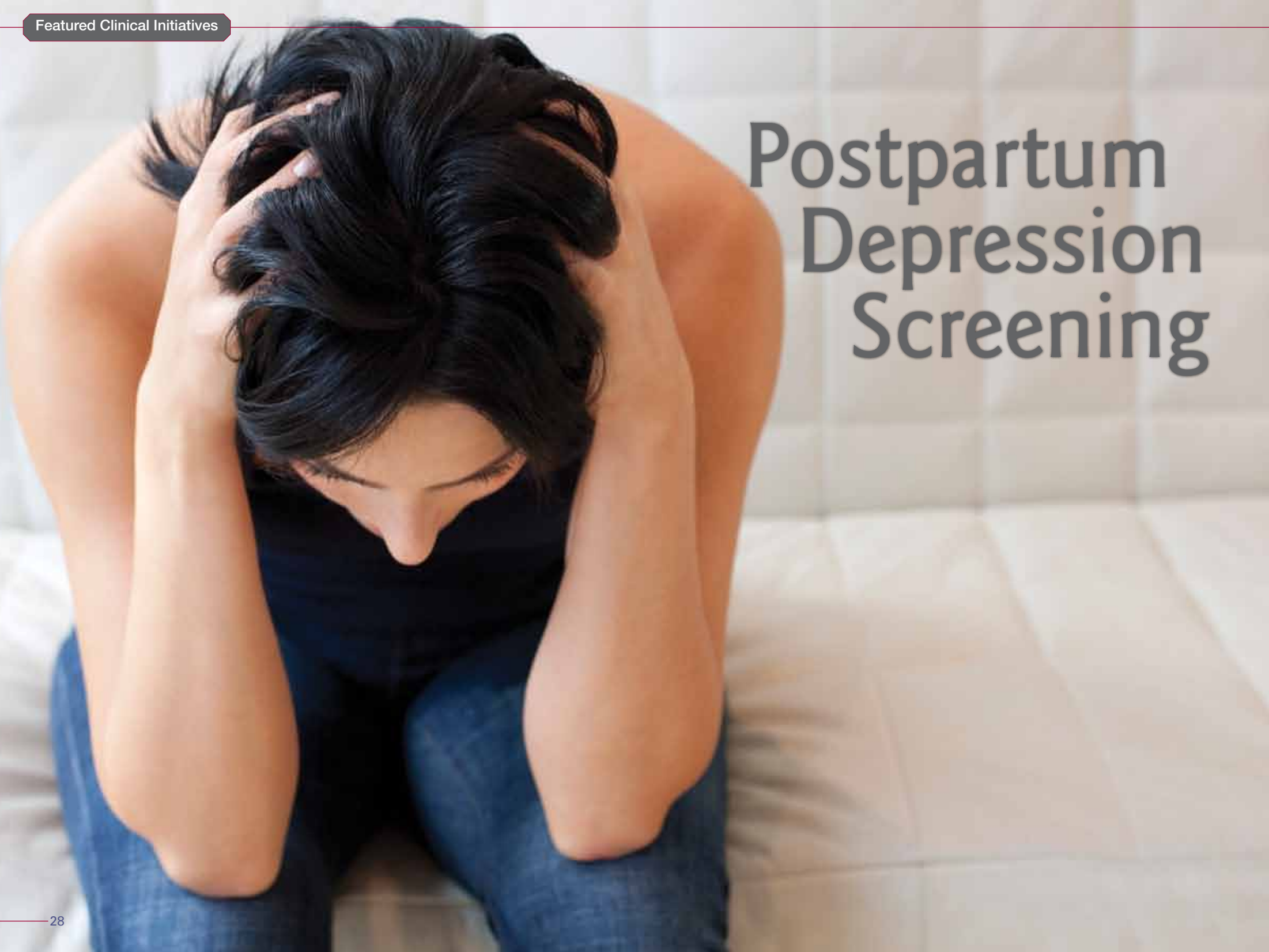

Postpartum Depression Screening

Advocate Physician Partners Case for Improvement

While a recent predictive economic model study in the United Kingdom has questioned the cost effectiveness of postpartum depression screening[1], the impact of the disease on mothers and their children is devastating.[2] Of the 4 million infants born in the U.S each year, more than 400,000 are born to mothers who develop depression. Postpartum depression has been shown to lead to increased costs of medical care, use of emergency facilities, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, family dysfunction and adverse effects on early brain development.[1-6]

Postpartum depression, which is defined as occurring up to one year after delivery, is more severe than the more familiar "baby blues" and requires treatment by a physician.[7] Despite the fact that as many as 20 percent of new mothers may suffer from postpartum depression, fewer than 50 percent of new mothers nationally are screened for the disease. Of those found to have depression, only 50 percent are actually treated for the illness.[8]

Awareness of the condition's severity has resulted in the American College of Obstetricians and Gynecologists' and the U.S. Preventive Services Task Force's recommendation to screen new mothers for postpartum depression. In addition, the Illinois Perinatal Mental Health Disorders Prevention and Treatment Act requires licensed health care professionals providing prenatal and postnatal care to invite women to complete a postpartum depression screening.[10]

Advocate Physician Partners Objective and Intervention

The Postpartum Depression Screening initiative is a comprehensive management program designed to appropriately identify patients with the disease by having a health care provider complete a postpartum depression screening. Advocate Physician Partners physicians utilize the numerous Beyond Disease Management program efforts explained on page 14. Advocate Physician Partners Obstetricians, Pediatricians and Family Practitioners strive to utilize the Edinburgh Postpartum Depression Scale in all postpartum patients within 90 days of delivery.

The Edinburgh Postpartum Depression Scale features a 10-question screen that is completed by the mother and has proven to be highly effective in diagnosing depression. It has been validated and is recommended by the U.S. Preventive Services Task Force.

Postpartum Depression Screening

Economic and Medical Impact

- Postpartum depression occurs in 10 percent to 20 percent of women who have recently given birth, but fewer than half of cases are recognized. In the first 3 months following childbirth, 14.5 percent of women have a new episode of major or minor depression, making postpartum depression the most common serious postpartum disorder.[9]
- It is estimated that depression costs the U.S. $30 to $50 billion in lost productivity and direct medical costs each year.[9]
- Maternal and paternal depression affects the whole family. The consequences of maternal depression include the negative effects on cognitive development, social-emotional development and behavior of the child. [3]
- Studies indicate that employees with depression generate $3,189 annually in health care costs compared to $1,679 generated for non-depressed employees.[4] Literature suggests depression results in an average of 25.6 days lost from work and indirect costs from absenteeism of $4,741 per employee, per year. These costs do not factor in the additional losses associated with presenteeism, estimated to be an additional 15 percent of indirect loss.[5]

Advocate Physician Partners Metrics/Results

In 2011, the physicians of Advocate Physician Partners provided postpartum depression screening within 90 days of delivery to 96 percent of patients, exceeding the national screening rate of 50 percent.

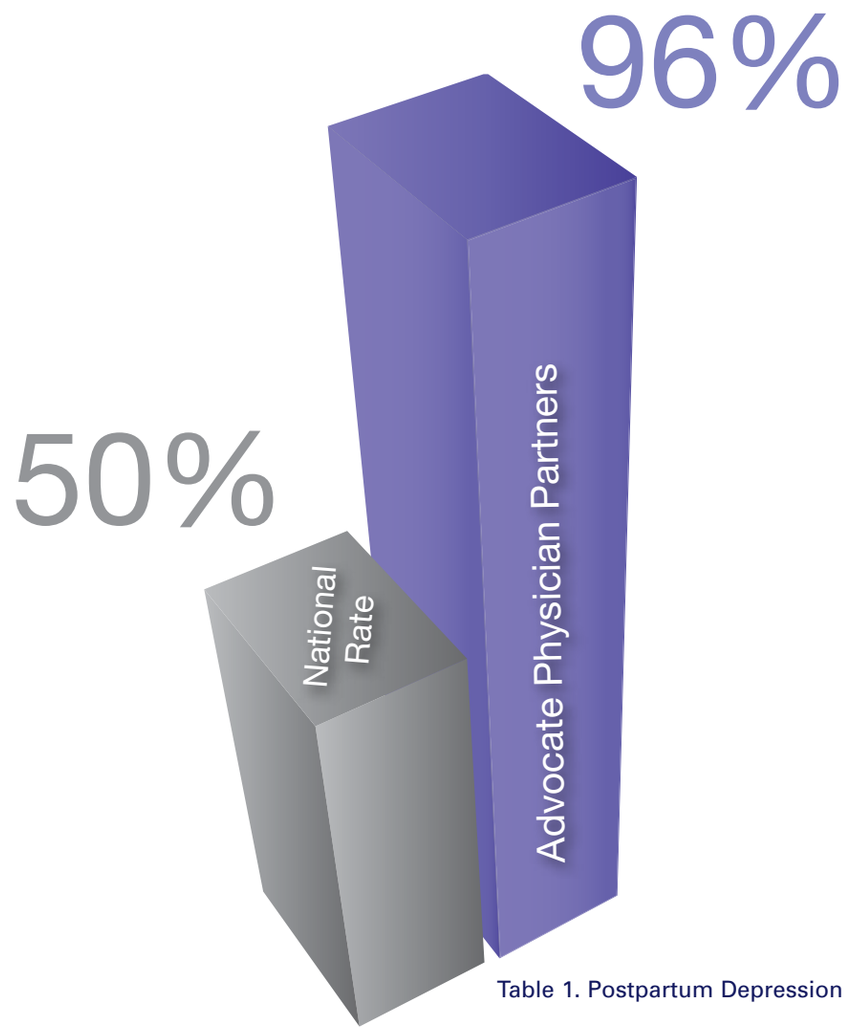

Table 1. Postpartum Depression Screening Rates

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' higher rate of screening, treatment and recovery of all eligible patients for postpartum depression resulted in **more than $751,000 in additional direct and indirect savings and 1,946 lost work days per year regained.**

The savings estimate is conservative as it does not factor in the hidden benefits derived from preventing illness and lifestyle issues shown to affect the child if the mother had not been diagnosed and treated.[3]

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Childhood Immunization Initiative

Advocate Physician Partners Case for Improvement

Childhood immunizations are responsible for the control of potentially serious and preventable diseases. The effectiveness of immunizations, however, is diminished if children do not receive vaccinations according to recommended schedules. A nationally recognized report provides data showing that only 75 percent of children covered by an HMO plan and 46 percent of children covered by a PPO plan received the recommended vaccinations in Combination 3.[1]

A primary driver of this non-compliance for children under the age of two is parents not knowing if or when immunizations are due and physicians not having timely feedback about compliance status. Family health concerns related to the safety of vaccines are also a contributing factor.

Combination 2	Combination 3	# of Immuniz. Required
DTP (diphtheria, tetanus, pertussis)	DTP (diphtheria, tetanus, pertussis)	4
Polio	Polio	3
MMR (measles, mumps, rubella)	MMR (measles, mumps, rubella)	1
Hib	Hib	3
Hepatitis B	Hepatitis B	3
Chicken Pox	Chicken Pox	1
	Pneumococcal	4

Table 1. Vaccines in Combination

Advocate Physician Partners Objective and Interventions

The goal of Advocate Physician Partners is to have all children in its physician member practices fully immunized with the Combination 3 series before two years of age. In addition to the efforts described in Beyond Disease Management, page 14, Advocate Physician Partners physicians receive ongoing reminders on needed vaccines and parents are similarly reminded regularly of the vaccination schedule. These combined efforts lead to significantly improved compliance and improved health status through prevention.

Childhood Immunization Initiative

Economic and Medical Impact

- Pediatric vaccines are responsible for preventing 10.5 million diseases per birth cohort in the U.S. For every dollar spent on immunizations, as many as $29 can be saved in direct and indirect costs.[2]
- Without routine vaccination, direct and societal costs related to the use of Combination 2 vaccines (Table 1) would be $14 billion and $69 billion, respectively.[3]
- Between 2007 and 2009, routine vaccination of U.S. infants with pentavalent rotavirus vaccine (RV5) resulted in an estimated reduction of 64,855 hospitalizations and direct medical cost savings of approximately $278 million.[5]

Advocate Physician Partners Metrics/Results

In 2011, Advocate Physician Partners achieved an administration rate for Combination 3 immunizations of 85 percent for HMO and 80 percent for PPO patients. These rates exceeded performance of the top 10 percent of providers in the nation for the administration of Combination 3 immunizations to children by their second birthday.[4] Additionally, Advocate Physician Partners' rates of immunization for rotavirus-related diseases exceeded national rates by 14 percentage points for HMO and 28 percentage points for PPO patients (Table 2).

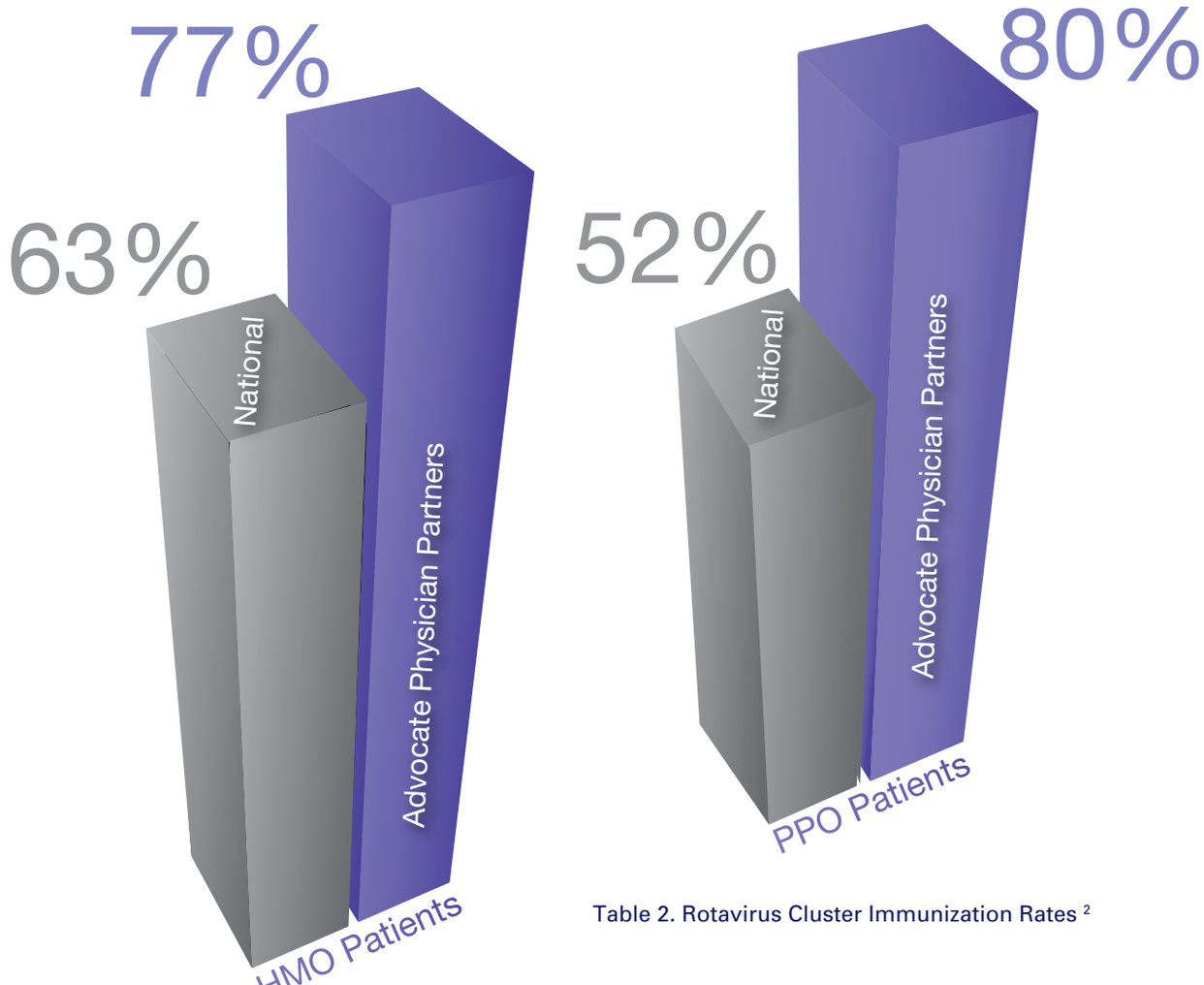

Table 2. Rotavirus Cluster Immunization Rates [2]

Advocate Physician Partners

Impact on Quality and Cost

Studies have shown that complications of the rotavirus cluster such as diarrhea are responsible for increased hospitalizations.[5] Advocate Physician Partners' rate of immunization for rotavirus-related diseases above the national average resulted in **savings of over $5 million in avoided hospitalization costs.** It is important to note that these savings are for just one complication. Savings would increase significantly if all complications related to the 12 recommended vaccinations were considered.

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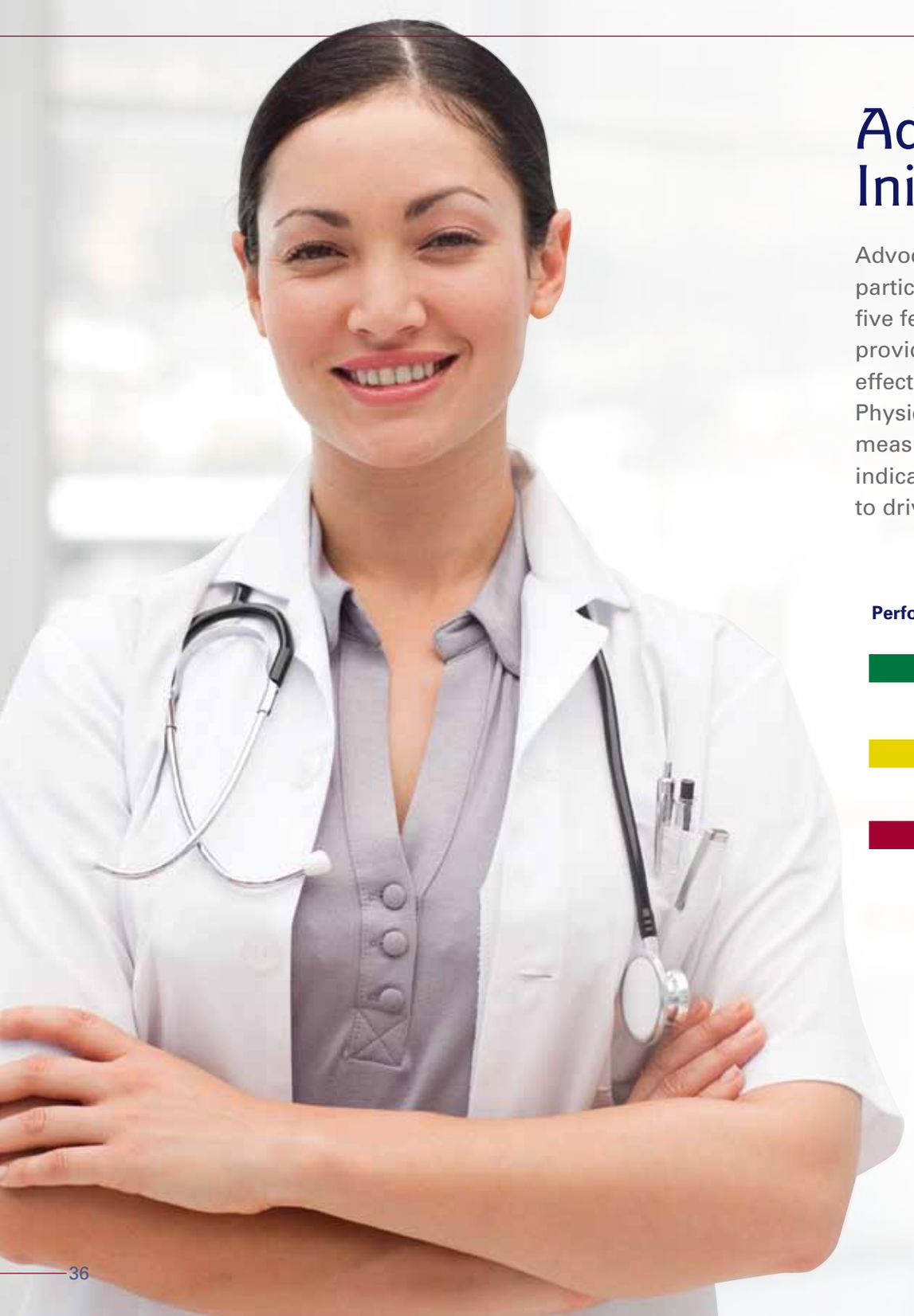


Additional Clinical Integration Initiatives

Advocate Physician Partners member physicians participated in a total of 57 initiatives, including the five featured earlier in this report. The following pages provide an overview of selected remaining clinical effectiveness and efficiency initiatives. Advocate Physician Partners' overall performance in 2011 is measured against its performance in 2010. Where indicated, thresholds were raised and measures added to drive continued performance improvement.

Performance Indicators Key

Performance equal to or above 2010 performance

Performance lags 2010 performance by less than five percentage points

Performance lags 2010 performance by five percentage points or more

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2011	Year over Year Performance Indicator
Cancer Care Improvement		
Participation in ASCO Quality Oncology Practice Initiative (QOPI) Program		
QOPI Certifcation		New Measure
Cardiac Surgery Outcomes		
Physicians' Overall Quality Domain Score	X	
Avoidance of Morbidity Scoring		New Measure
Avoidance of Mortality Scoring		New Measure
Use of Internal Mammary Artery		New Measure
STS Medication Score		New Measure
Care Coordination		
Discharge Orders Written Prior to 11 am		New Measure
Patient at Time of Discharge with Scheduled Ambulatory Follow-up Visit		New Measure
Community-Acquired Pneumonia Management		
Antibiotics Administered within 360 Minutes of Arrival		
Pneumococcal Vaccination Administered for Patients 65 or Older		
Compliance with Medical Staff Influenza Vaccination Policy		
Compliance with Medical Staff Influenza Vaccination Policy		New Measure

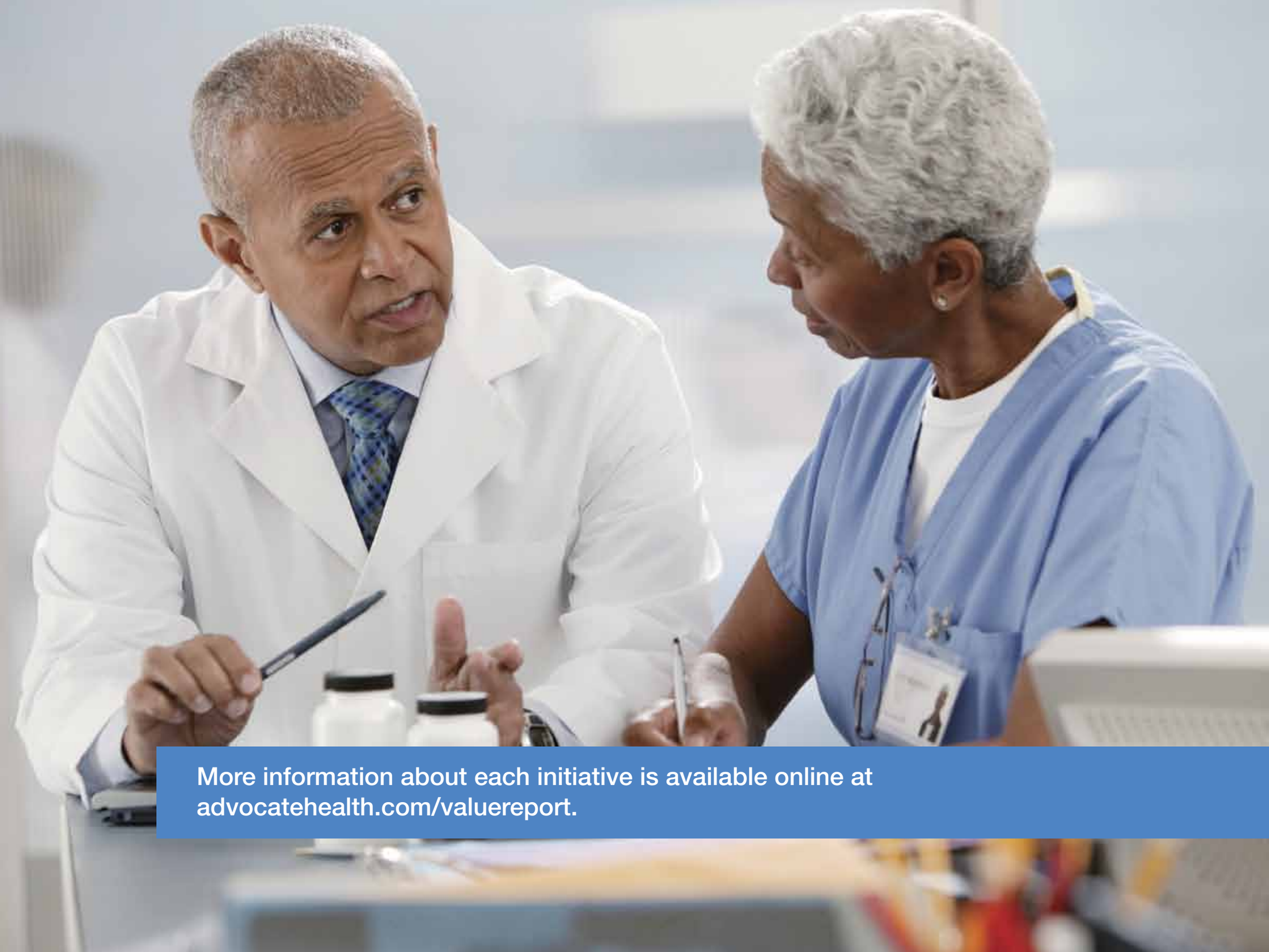
Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2011	Year over Year Performance Indicator
Congestive Heart Failure (CHF) Outcomes		
ACEi/ARB at Discharge		
Left Ventricular Function (LVF) Assessment		
Number of CHF with Left Ventricular Systolic Dysfunction Where Appropriate Medication Was Beta Blockers	X	
Number of CHF with Left Ventricular Systolic Dysfunction Where Appropriate Medication Was ACEi or ARBs	X	
Controlling High Blood Pressure		
BP Measurement		New Measure
BP Control Less Than 140/90mm/Hg		New Measure
Smoking Status Assessment		New Measure
Smoking Cessation Counseling		New Measure
Coronary Artery Disease Outcomes		
LDL Screening	X	
Percent with LDL Result < 100 mg/dl	X	
Percent with LDL Result >= 130 mg/dl	X	
Use of Anti-Platelet Medication	X	
Blood Pressure Measurement		
Blood Pressure Control < 140/90 mm/Hg	X	
Body Mass Index	X	
Comprehensive Care	X	

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2011	Year over Year Performance Indicator
Depression Screening for the Chronically Ill		
Depression Screening		
Effective Use of Hospital Resources		
Average Length of Stay Moderately Managed		
Average Length of Stay Moderately Managed >= 65 Years Old		New Measure
Average Length of Stay Well Managed		
Average Length of Stay Well Managed >= 65 Years Old		New Measure
Medical-Surgical Days per 1,000 HMO Members < Moderately Managed		
Medical-Surgical Days per 1,000 HMO Members < Loosely Managed		
Electronic Health Records		
Meaningful Use		New Measure
Structure Measures		New Measure
Hospitalist Program: Effective Handoff		
Notification by Hospitalist of Patient Reassignment to PCP	X	
Ophthalmology: Diabetic Retinopathy		
Documentation of the Presence or Absence of Macular Edema	X	
Communication with the Physician Managing the Ongoing Diabetes Care	X	
Osteoporosis Screening		
Male or Female Patients Over 50 Years of Age Who Had a Hip, Spine or Distal Radial Fracture and Received a Timely Bone Density Screening Test or Appropriate Prescription Pharmacologies	X	
Patient Registry Usage		
QI Initiative Reporting Compliance		
QI Initiative Reporting Compliance: Early Completion	X	

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2011	Year over Year Performance Indicator
Patient Safety Office Assessment		
Online Completion of Patient Safety Office Assessment		
Physician Office Access		
Office Hours Survey		New Measure
Population Health Wellness Initiative – Adult		
BMI		New Measure
Exercise Assessment and Counseling		New Measure
Alcohol Assessment		New Measure
Mammography Screening		New Measure
Colorectal Cancer Screening		New Measure
Cervical Cancer Screening		New Measure
Flu Shots		New Measure
Population Health Wellness Initiative – Pediatrics		
BMI		New Measure
Nutrition Assessment and Counseling		New Measure
Physical Activity Assessment and Counseling		New Measure
"Screen Time" Assessment and Counseling		New Measure
BP Measurement and Counseling		New Measure
Postpartum Care		
Percent of Patients Seen for Follow-up Care Between 21 and 56 Days of Delivery	X	
Percent of Patients Seen for Follow-up Care Between 21 and 90 Days of Delivery	X	
Potentially Avoidable Admissions		
Hospital Performance for PHO Physicians		New Measure
Radiology Mammography Quality Coding		
Breast Imaging-Reporting and Data System (Bi-Rad) 3 Code Utilization ≤ 1%		
Bi-Rad 3 Code Utilization ≤ 1.5%		
Breast MRI Procedure with Approved Bi-Rad Code 50%		
Breast MRI Procedure with Approved Bi-Rad Code 25%		

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2011	Year over Year Performance Indicator
Radiology Turnaround Times		
General Radiology Reports (CT, MR, NM, US and XR) < 24 hours		
General Radiology Reports (CT, MR, NM, US and XR) < 48 hours		
Interventional Radiology Reports < 24 hours		
Interventional Radiology Reports (CT, MR, NM, US and XR) < 48 hours		
Screening Mammography Reports: Test Completion to Report Completion < 24 hours		
Screening Mammography Reports: Test Completion to Report Completion < 48 hours		
Screening Mammography Reports: Test Completion to Report Completion < 72 hours		
Screening Mammography Reports: Test Completion to Committed Completion < 24 hours		
Screening Mammography Reports: Test Completion to Committed Completion < 48 hours		
Screening Mammography Reports: Test Completion to Committed Completion < 72 hours		
Diagnostic Mammography Reports: Test Completion to Report Completion < 8 hours		
Diagnostic Mammography Reports: Test Completion to Report Completion < 12 hours		
Diagnostic Mammography Reports: Test Completion to Committed Completion < 8 hours		
Diagnostic Mammography Reports: Test Completion to Committed Completion < 12 hours		
Sepsis Risk Adjusted Mortality Index		
Sepsis Risk Adjusted Mortality Index		New Measure
Smoking Cessation Education: Outpatient – Adult		
Outpatient Smoking Status Assessment	X	
Outpatient Smoking Cessation Counseling for Adults		
Smoking Cessation Education: Outpatient – Children		
Pediatric Second Hand Smoking Assessment	X	
Pediatric Second Hand Smoking Counseling		

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2011	Year over Year Performance Indicator
Structured Data Capture		
Arrival Time Capture		New Measure
ED Department Time Capture		New Measure
Decision Time Capture		New Measure
ED Departure Time Capture		New Measure
Surgical Care Improvement: Inpatient		
Pre-surgical Prophylactic Antibiotic Administration	X	
Post-surgical Discontinuation of Antibiotics in Specified Time-frames	X	
Prophylactic Antibiotic Selection for Surgical Patients		
Cardiac Surgery Patients with Controlled Post-Operative Serum Glucose	X	
Perioperative Temperature Management	X	
Surgery Patients with Appropriate Hair Removal		
Surgery Patients with Appropriate DVT Prophylaxis Ordered		
Surgery Patients with Appropriate DVT Prophylaxis Received in a Timely Manner		
Surgery Patients on Beta Blockers Therapy Prior to Admission Who Received Beta Blocker During the Perioperative Period	X	
Post-operative Urinary Catheter Removal		New Measure
Surgical Care Improvement: Outpatient 78427318		
Surgical Timing of Antibiotic Prophylaxis	X	
Pre-Surgical Prophylactic Antibiotic Selection	X	



More information about each initiative is available online at advocatehealth.com/valuereport.

Raising the Bar: The 2012 Clinical Integration Program

Each year, the Clinical Integration Program is formally re-evaluated by a committee of physicians. Modifications are made to add or retire performance measures and increase the performance targets for select initiatives. In other cases, Clinical Integration Program initiatives are changed to become baseline conditions of membership. The Program initiatives are centered on five key result areas driving clinical outcomes and cost savings.

The chart below details the 2012 Clinical Integration Program's 60 key initiatives and their areas of impact.

	2012 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTRUCTURE	PATIENT SAFETY	PATIENT EXPERIENCE
1	30 Day Readmission Rate		✔			
2	ACL Lab Usage		✔			
3	Admit Decision Time to ED Departure for Admitted Patients from ED		✔			
4	APP – Wide Cost Index		✔			
5	Appropriate Imaging Utilization		✔			
6	ASCO – American Society of Clinical Oncologists	✔				
7	Asthma Care	✔				
8	Average Length Of Stay – Population <65 Years of Age		✔			
9	Average Length Of Stay – Population >=65 Years of Age		✔			
10	Cardiac Surgery Outcomes per STS Composite Indicator	✔				
11	Care Coordination: Discharge Orders Written Prior to 11 am		✔			
12	Care Coordination: Patients at Time of Discharge with Scheduled Ambulatory Follow Up Visit				✔	
13	Childhood Immunizations	✔				
14	Chronic Obstructive Pulmonary Disease	✔				
15	Communication between SCP (proceduralist) and PCP				✔	
16	Compliance with Hospital Medical Staff Influenza Vaccination Policy				✔	
17	Congestive Heart Failure	✔				
18	Controlling High Blood Pressure	✔				
19	Coronary Artery Disease	✔				
20	Depression Screening	✔				
21	Diabetes Care	✔				
22	Effective Handoffs – Hospitalists				✔	
23	Elective Induction at 37 and 38 Weeks Gestation				✔	
24	Emergency Department Patient Satisfaction					✔
25	Emergency Department Visits/1000 Attributed Lives		✔			
26	Emergency Physician – Peer Satisfaction					✔

	2012 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTRUCTURE	PATIENT SAFETY	PATIENT EXPERIENCE
27	ER Visits to PCP Visits Index		✔			
28	Eye Care – Diabetic Retinopathy	✔				
29	Generic Medication Usage		✔			
30	Hospital Outpatient Department Quality Data Reporting – OP	✔				
31	In Patient Satisfaction					✔
32	Left the ED Without Being Seen		✔			
33	Mammography Reports – BiRad Utilization	✔				
34	Med/Surg Days per 1000		✔			
35	Median Time from ED Arrival to ED Departure for Admitted Patients		✔			
36	MRI/1000 Episodes – Specialists – Practice Group Level		✔			
37	MRI/1000 Index by PCP Practice Group		✔			
38	Osteoporosis Screening	✔				
39	Outpatient Physician Patient Safety Office Assessment				✔	
40	Outpatient Satisfaction – Primary Care					✔
41	Outpatient Satisfaction – Specialty Care					✔
42	Peer Satisfaction				✔	
43	Pharmaceutical Initiative - Nasal Steroids Generic Rate		✔			
44	Pharmaceutical Initiative – Proton Pump Inhibitors (PPI) Generic Rate		✔			
45	Pharmaceutical Initiative: Percent of Statin Prescriptions Filled as Generic		✔			
46	Physician Office Access		✔			
47	Population Health Wellness Initiatives – Pediatrics	✔				
48	Post Partum Care	✔				
49	Post Partum Depression	✔				
50	Potentially Avoidable Admissions		✔			
51	Radiology Turnaround Times	✔				
52	Roundtable Information Sessions			✔		
53	Smoking Cessation Counseling – Outpatient – Adults	✔				
54	Smoking Cessation Counseling – Outpatient – Children	✔				
55	Specialty Care Referral Rate Index		✔			
56	Specialty Care Visits Rate Index By Practice Group		✔			
57	Surgical Care Improvement Project (SCIP)	✔				
58	Transfusion Safety Program				✔	
59	Use of Registries			✔		
60	Wellness Initiatives – Adult	✔				

Professional and Community Recognition

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In 2011, Thomson Reuters measured quality and efficiency among 255 health systems nationwide. Advocate Health Care finished in the top quartile for performance in quality at the ten acute care hospitals that comprised Advocate Health Care in 2011.

Published Articles

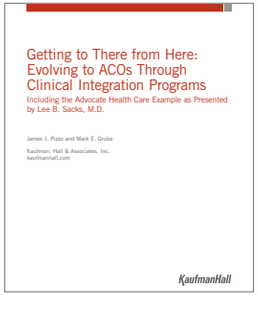
As a recognized leader in the industry, Advocate Physician Partners has been sought after by governmental agencies and leadership organizations nationwide to explain the infrastructure, program elements and successful outcomes of the Clinical Integration Program. Below are some of the articles written by Advocate Physician Partners' leaders and published in national journals. Links to the full articles can be found on the 2012 Value Report web page.

A Model for Integrating Independent Physicians into Accountable Care Organizations. Published in *Health Affairs*. January, 2011.

Addition of Generic Medication Vouchers to a Pharmacist Academic Detailing Program: Effects on the Generic Dispensing Ratio in a Physician-Hospital Organization. Published in *Journal of Managed Care Pharmacy*. July/August, 2010.

Physician-Hospital Integration: Market Trends, Health Reform Drive Closer Ties. Published in *Futurescan 2011: Healthcare Trends and Implications 2011-2016*. 2011.

Pharmacists as Vital Members of Accountable Care Organizations: Illustrating the Important Role That Pharmacists Play on Health Care Teams. Published by the Academy of Managed Care Pharmacy. http://www.amcp.org/aco.pdf. 2011.



Getting to There from Here: Evolving to ACOs Through Clinical Integration Programs; Including the Advocate Health Care Example as Presented by Lee B. Sacks, M.D. Published by Kaufman, Hall & Associates, Inc., http://www.kaufmanhall.com. 2011.

Lee Sacks, MD: Enhancing Quality Is Good for Business. Published in *HFMA, Healthcare Financial Management Association*. December, 2010. Cover Feature.

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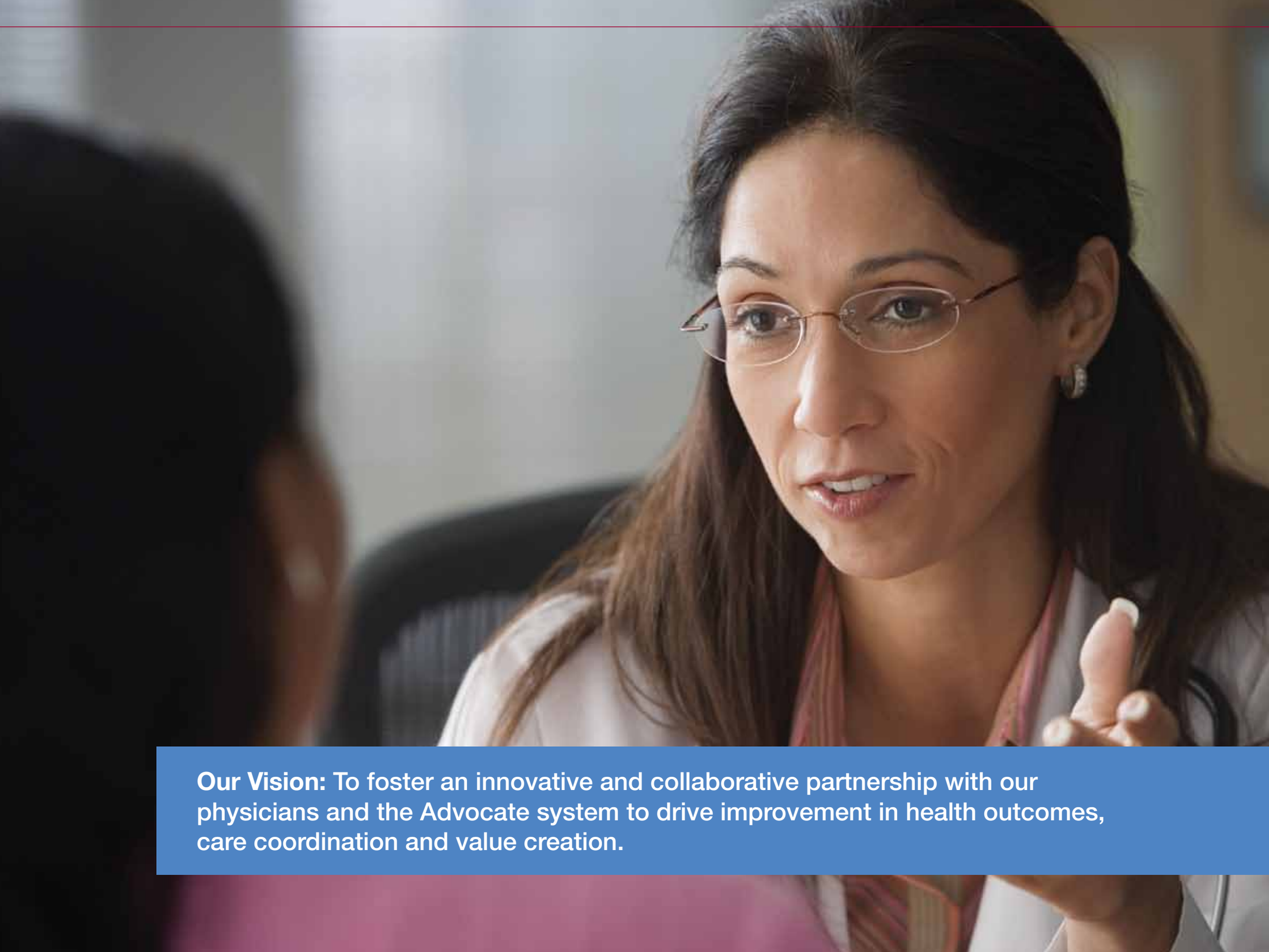
Advocate Physician Partners would also like to extend sincere thanks and recognition to the more than 4,000 physician members of Advocate Physician Partners for their leadership and commitment to quality while developing, implementing, practicing and monitoring the Clinical Integration Program.

Special thanks to the men and women of Advocate Physician Partners who dedicate their time, talents and energy to the furtherance of Advocate Physician Partners' vision—to be the leading care management and managed care contracting organization.



Our Vision: To foster an innovative and collaborative partnership with our physicians and the Advocate system to drive improvement in health outcomes, care coordination and value creation.

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ABOUT ADVOCATE PHYSICIAN PARTNERS

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