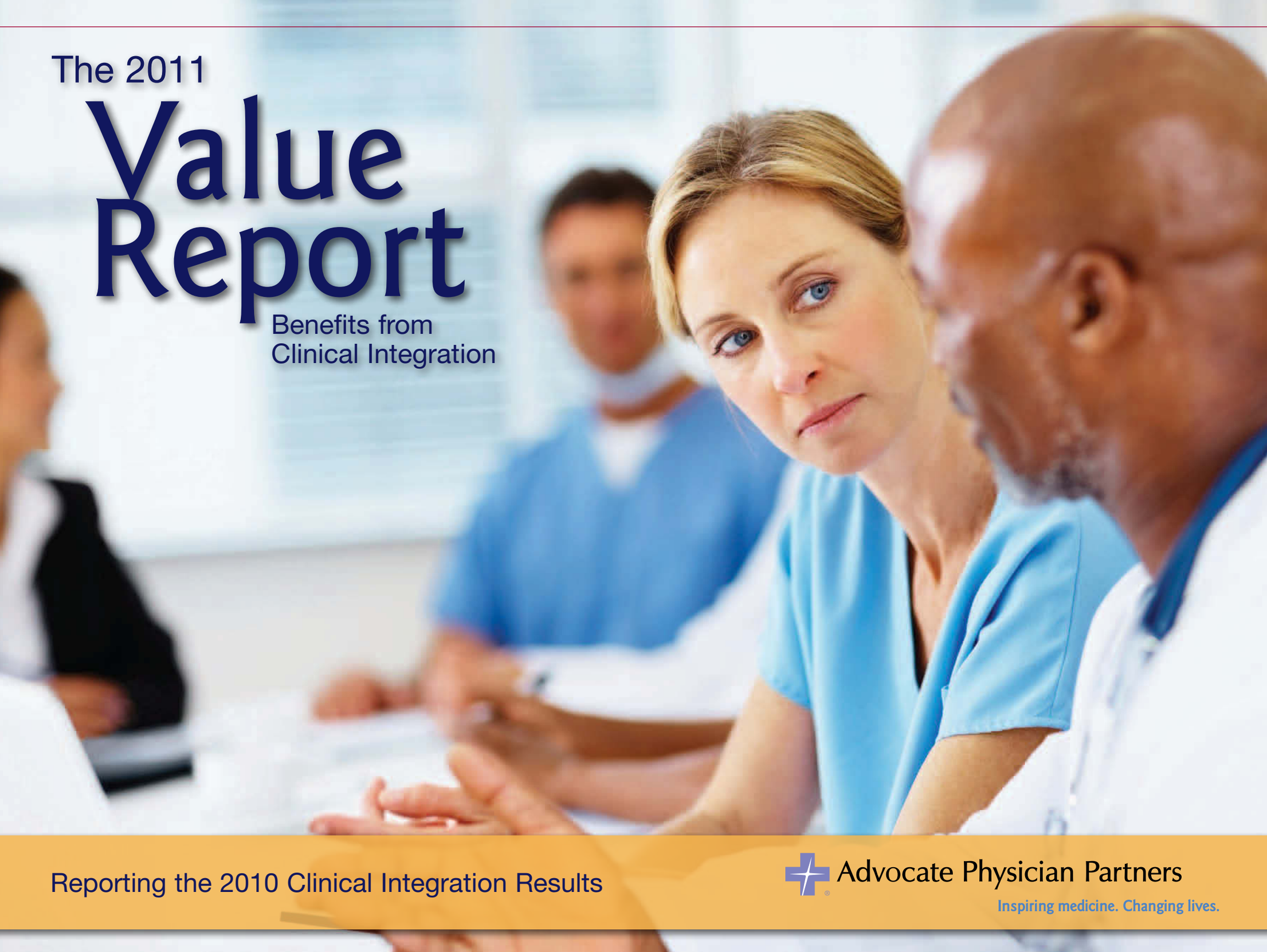
The 2011

Value Report

Benefits from Clinical Integration



Reporting the 2010 Clinical Integration Results

Advocate Physician Partners

Inspiring medicine. Changing lives.

Advocate Physician Partners' Clinical Integration Program fosters collaboration among payers and patients, as well as physicians and hospitals, creating the framework by which we will evolve into an ACO.

Letter from the CEO

Advocate Physician Partners is pleased to share with you the 2011 Value Report—the results of its nationally recognized Clinical Integration Program for the year 2010. The Program has continued to evolve by adding more performance measures and setting higher performance expectations for its participating physicians, who today number over 3,800. Despite the increased scope and complexity of the Program, in 2010, Advocate Physician Partners again achieved record performance in almost every area of endeavor. This achievement resulted in the improvement of patient outcomes and significant cost savings by accelerating the adoption of evidence-based care, clinical information technologies and quality improvement techniques.

In March of 2010, the health care model in the U.S. was affected by the passing of The Patient Protection and Affordable Care Act of 2010 (PPACA). PPACA includes reforms intended to address deficiencies in the U.S. health care delivery system through the establishment of Accountable Care Organizations (ACOs)—an integrated organization of health care providers that is accountable for the quality, cost and care of the patients it serves. Within the ACO structure, reimbursement moves from a fee-for-service to a fee-for-value model. The establishment of ACOs will fundamentally alter the way health care services are organized, delivered and reimbursed, leading to greater cooperation and collaboration among physicians and hospitals. Advocate Physician Partners' Clinical Integration Program fosters collaboration among payers and patients, as well as physicians and hospitals, creating the framework by which we will evolve into an ACO. In 2011, we will add additional focus in areas such as preventing ambulatory sensitive admissions and reducing avoidable hospital readmissions, further coordinating care for our patients while reducing unnecessary costs.

At Advocate Physician Partners, we take seriously our responsibility to utilize health care dollars in a socially responsible and financially sustainable manner. Through our focus on prevention, the early detection and optimal treatment of diseases and the coordination of care across the continuum, we are confident our efforts will continue to create value and reduce avoidable costs. Over the past seven years, Advocate Physician Partners' Clinical Integration Program has established itself as a leader in the nation. Advocate Physician Partners' Clinical Integration Program has sparked widespread adoption of evidence-based practice and demonstrated value to the community through improved health outcomes and significant cost savings for employers, payers and patients. The Clinical Integration Program described in these pages is one of the most advanced in the nation and we are once again pleased to be sharing our results.

We look forward to our continued partnership with you as together we make a difference in the optimal delivery of health care services. As always, we welcome your feedback on the Clinical Integration Program.

Sincerely,

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

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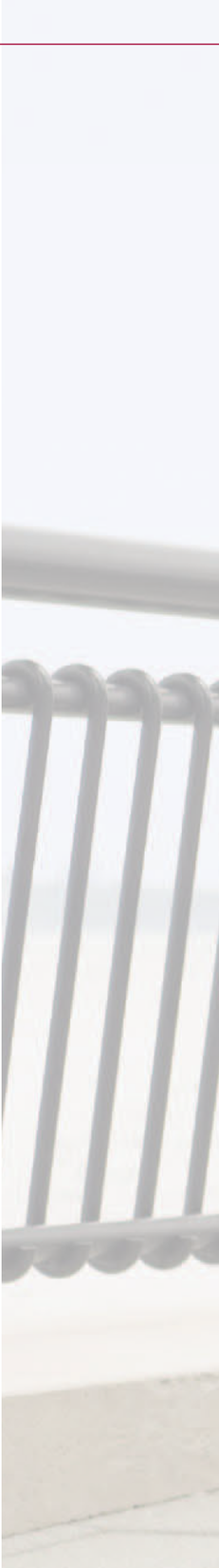
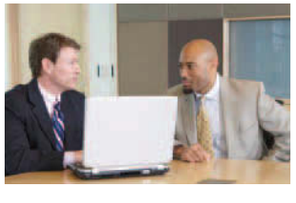


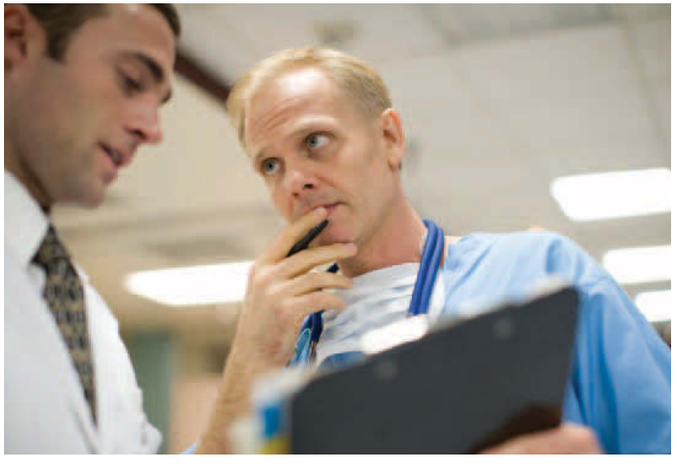

HEALTH PLANS FUND ADVOCATE PHYSICIAN PARTNERS CLINICAL INTEGRATION PROGRAM
ADVOCATE PHYSICIAN PARTNERS ESTABLISHES QUALITY METRICS AND REWARDS HIGH-PERFORMING PHYSICIAN OUTCOMES
HEALTH PLANS, EMPLOYERS AND PATIENTS BENEFIT FROM REDUCED COSTS, SAVED LIVES AND IMPROVED PRODUCTIVITY

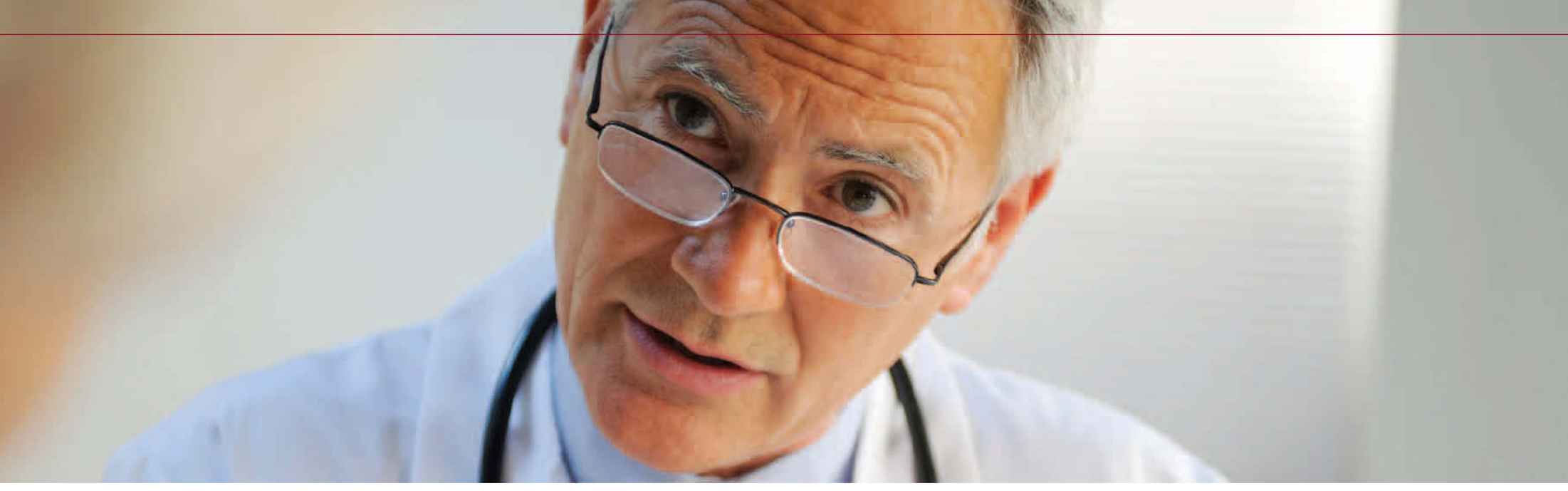
Executive Summary

Advocate Physician Partners is a joint venture among more than 3,800 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 the Chicago metropolitan area, 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 disease management or preventive health programs, Advocate Physician Partners' Clinical Integration Program provides extensive infrastructure and support 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.







The 2011 Value Report highlights the results of the Clinical Integration Program for 2010. Significant accomplishments of the Program include:

- Advocate Physician Partners' Generic Prescribing initiative resulted in generic drug prescribing rates 4 to 6 percentage points higher than the rates for two of the largest Chicago-area insurers. Using the lower percent differential, the initiative resulted in savings of $26.5 million annually to Chicago-area payers, employers and patients above the community performance.
- Advocate Physician Partners' comprehensive Asthma Outcomes initiative resulted in an asthma control rate 38 percentage points better than the national averages, saving nearly $13 million in direct and indirect medical costs above national averages annually. These benefits include saving an additional 58,436 days from reduced absenteeism and lost productivity.
- Advocate Physician Partners' Diabetes Care initiative resulted in savings of an additional 16,430 years of life, 26,288 years of extended eyesight and 19,716 years free from kidney disease. Calculating savings from just one measure—improving Hemoglobin A1c levels—resulted in more than $1.6 million in savings annually above the community performance due to improved control of diabetes.
- Advocate Physician Partners' Postpartum Depression Screening initiative resulted in screenings for 93 percent of new mothers, exceeding the national screening rate of 50 percent. In addition, the initiative resulted in savings of nearly $600,000 annually and saved more than 1,638 work days per year.
- Advocate Physician Partners' Combination 3 immunization rate exceeded national averages by 16 percentage points for HMO patients and 45 percentage points for PPO patients.

Creating a Quality Infrastructure

A successful clinical integration program requires a comprehensive approach that includes engaging physicians in leadership, addressing shortcomings of the current reimbursement 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 the support necessary to drive better patient outcomes more efficiently.

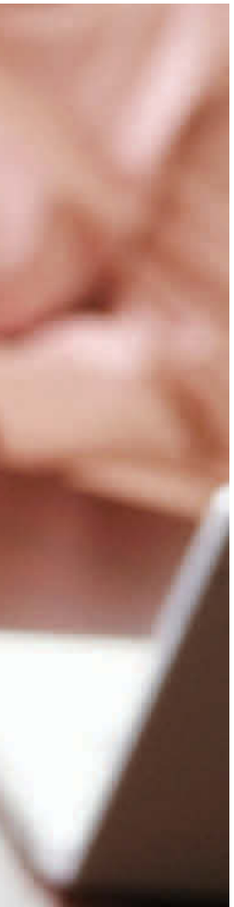
Governance

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 and monitor results. Advocate Physician Partners requires all board and committee members to participate in a comprehensive governance orientation program, an annual conference and business conduct programs to ensure they fully understand their duties and obligations. In addition, new leaders participate in a mentoring program in collaboration with an existing physician leader. Real 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

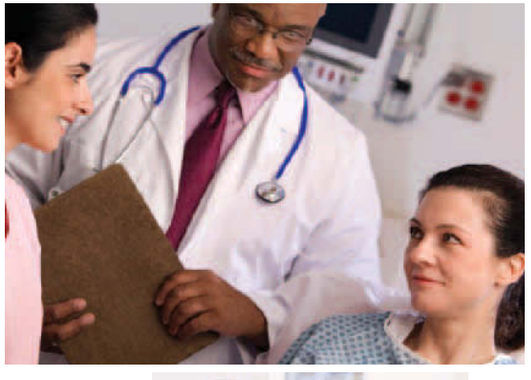
A critical component of Advocate Physician Partners' Clinical Integration Program is its pay-for-performance incentive system. In addition to encouraging physicians to achieve Program goals, the incentive is designed to recognize the additional work required of physicians and their staff to accomplish these goals, work which typically is not reimbursed under the current fee-for-service system but 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 between individual physicians and their peers, as well as between 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, chronic disease physician collaboratives and outpatient diabetes 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	Access and Chronic Obstructive Pulmonary Disease Collaboratives

Table 1. Beyond Disease Management Advancements

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 and an electronic medical records system in physicians' offices.

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®) Usage
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

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 2009, the drug trend was driven primarily by unit cost increases. Specifically, it was the price inflation of over 9 percent for branded pharmaceuticals that was the major contributor to the increase in trend for that year. In contrast, the price inflation for generic medications has been less than 0.5 percent over the previous few years.[1]

2010	2011	2012
Aricept® ($1.464 billion)	Caduet® ($0.362 billion)	Actos® ($2.782 billion)
Arimidex® ($0.697 billion)	Femara® ($0.461 billion)	Diovan®/HCT ($2.845 billion)
Cozaar® ($0.771 billion)	Lipitor® ($6.053 billion)	Lexapro® ($2.554 billion)
Effexor XR® ($2.554 billion)	Patanol® ($0.256 billion)	Plavix® ($4.562 billion)
Flomax® ($1.718 billion)	Xalatan® ($0.519 billion)	Seroquel® ($3.482 billion)
Hyzaar® ($0.584 billion)	Zyprexa® ($1.968 billion)	Singulair® ($3.465 billion)

Table 1. Patent Expirations 2010-2012 (2009 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 2009 U.S. sales of over $50 billion could lose patent protection over the three-year time period between 2010 and 2012 (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 data, combined with their low cost, makes generic pharmaceuticals a cost-effective option for physicians and their patients.

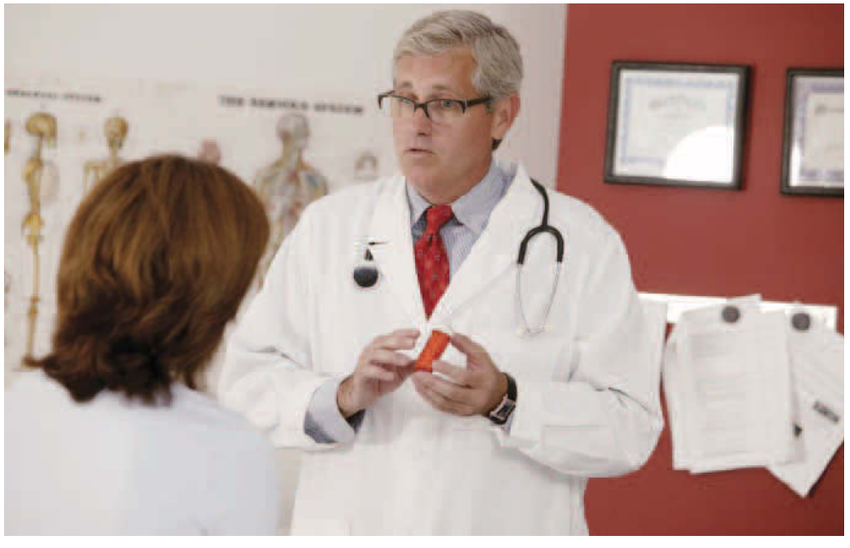
Advocate Physician Partners Objective

The goal of Advocate Physician Partners is to increase the use of clinically appropriate generic medications in the outpatient setting. In 2010, Advocate Physician Partners established a generic prescribing target rate of 70 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] In addition to the overall generic usage rate, 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. This approach involves using the expertise of pharmacists to offer physicians unbiased, evidence-based suggestions about the medications they frequently prescribe. Academic detailing includes the following physician outreach efforts: regular meetings with physicians and their staff, periodic review of pharmacy reports on physician practice patterns and comparisons to peer performance.[3]

Beginning in 2007, Advocate Physician Partners initiated a unique generic voucher program in collaboration with Walgreens, a large retail pharmacy. The generic voucher program 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 that will be refilled indefinitely and can lead to tremendous savings compared to branded medications.[4]

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 are similar in nearly all clinical outcomes.[6]
- Generic medications can cost up to 80 percent less than their branded counterparts and can save consumers $8 billion to $10 billion annually.[7]
- It has been 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 nearly a one percentage point decrease in overall drug spending.[9]

Advocate Physician Partners Metrics/Results

In 2010, Advocate Physician Partners physicians achieved an overall generic drug usage rate of 71 percent, comparing favorably to national pharmacy benefit managers and major drug chains and exceeding the performance of two 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 67 percent and 71 percent, respectively. This compares favorably to the generic dispensing rate from a major insurance carrier of 63 percent for statins and 64 percent for proton pump inhibitors.

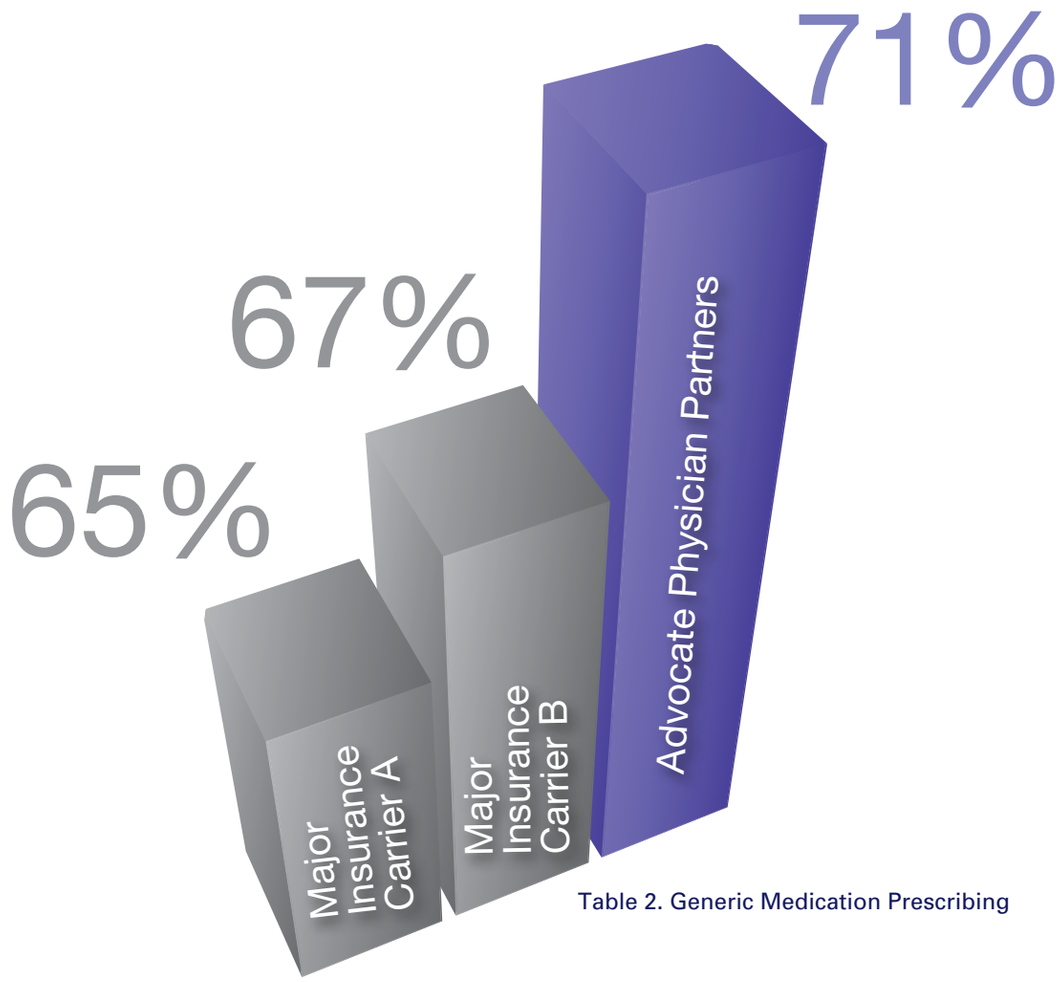


Table 2. Generic Medication Prescribing

Advocate Physician Partners

Impact on Quality and Cost

In 2010, Advocate Physician Partners' Generic Prescribing initiative resulted in **prescribing rates 4 to 6 percentage points higher** than two of the Chicago-area's largest insurers. Using the lower percent differential, the initiative resulted in **savings of $26.5 million annually** to Chicago-area 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]

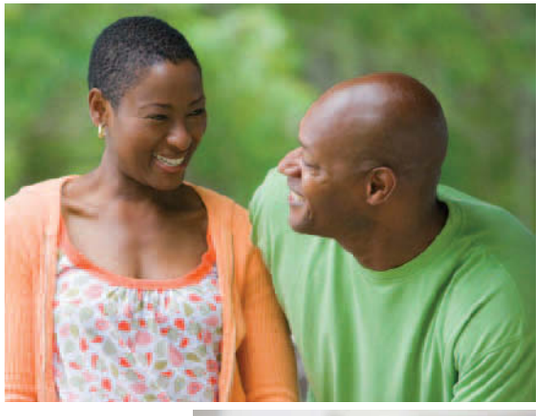
A recently reported large, multi-site study found that over 50 percent of patients with asthma seeing a primary care physician had uncontrolled asthma at the time of the office visit using an Asthma Control Test (ACT) tool.[3] The tool has been validated as one of the most effective means to objectively 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 8. 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 and use of asthma care coordinators to educate patients.

Asthma Outcomes



Economic and Medical Impact

- In 2008, an estimated 23.3 million Americans were affected by asthma.[4]
- Asthma accounts for $20.7 billion in direct and indirect health care costs annually. Direct medical costs account for $15.6 billion and indirect cost from lost productivity another $5.1 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 88 percent for patients with asthma, significantly exceeding the national control rate of 50 percent.

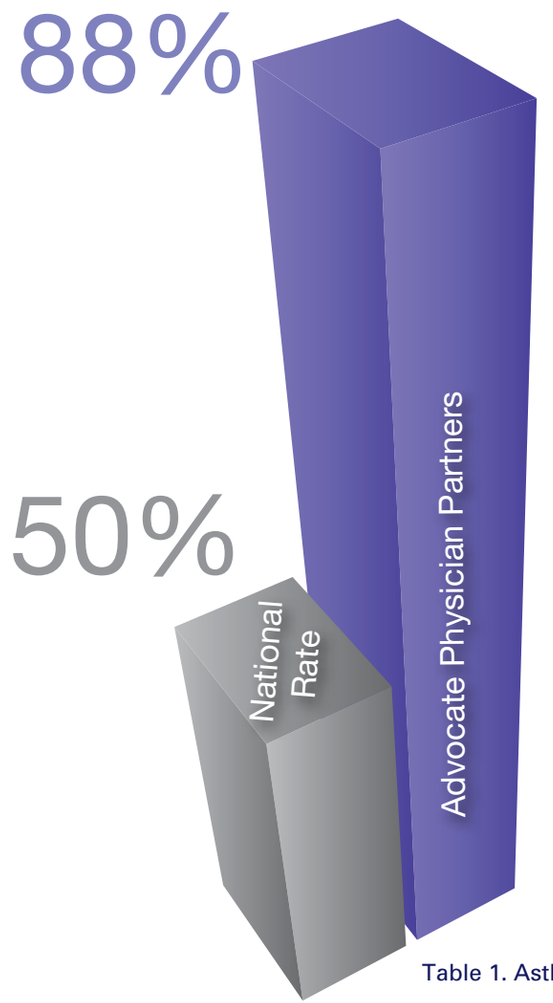


Table 1. Asthma Control Rate

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' comprehensive Asthma Outcomes initiative **resulted in a control rate 38 percentage points above national averages and saved nearly an additional $13 million in direct and indirect medical costs above national averages annually.** This amount includes an additional 58,436 days saved from reduced absenteeism and lost productivity.

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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. 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

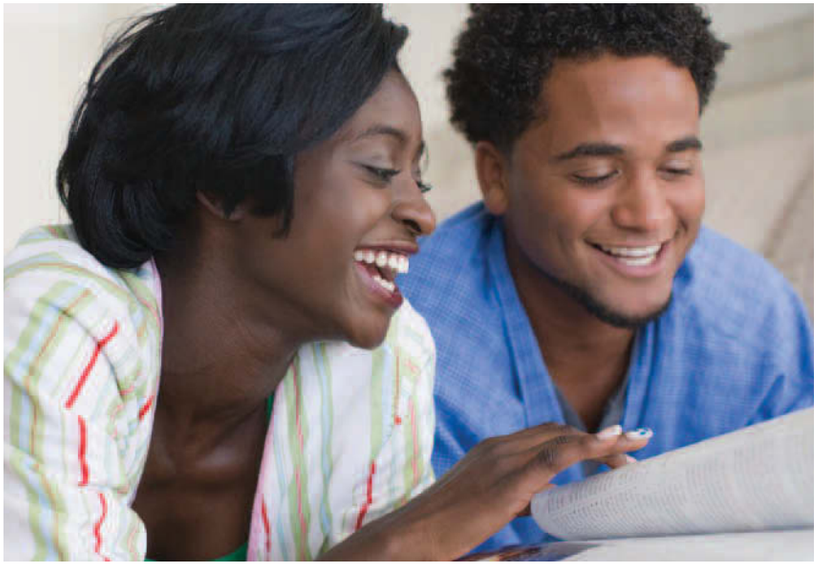
Table 1. Treating Diabetes and Its Complications[10]

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 8. 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. 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 is 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 2010, 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).

Measure	HEDIS HMO	APP HMO	Variance	HEDIS PPO	APP PPO	Variance
HbA1c Testing	89.2	91.2	**2.0**	83.3	84.3	**1.0**
Poor HbA1c Control (>9) (Lower is better)	**28.2**	**25.4**	**2.8**	**44.6**	**22.3**	**22.3**
Good HbA1c Control (<7)	**42.1**	**51.4**	**9.3**	**30.3**	**51.8**	**21.5**
Eye Exams	56.5	65.5	**9**	42.6	50.4	**7.8**
LDL-C Screening	85.0	89.5	**4.5**	78.6	82.4	**3.8**
LDL-C Control (<100)	**47.0**	**60.4**	**13.4**	**36.8**	**58.8**	**22.0**
Monitoring Nephropathy	82.9	88.5	**5.6**	69.9	77.0	**7.1**
Blood Pressure Control (<130/80)	**33.9**	**55.1**	**21.2**	**23.6**	**51.1**	**27.5**
Blood Pressure Control (<140/90)	**65.1**	**82.5**	**17.4**	**46.3**	**76.4**	**30.1**

Table 2. Diabetes Care Measure Comparative[6]

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' Diabetes Care initiative **resulted in an additional 16,430 years of life, 26,288 years of sight and 19,716 years free from kidney disease.**

Calculating savings from just one of the control outcomes—poor HbA1c—**Advocate Physician Partners saved more than an additional $1.6 million annually above the community performance level.** Factoring in savings from the cholesterol and blood pressure control outcomes would significantly increase these annual savings.

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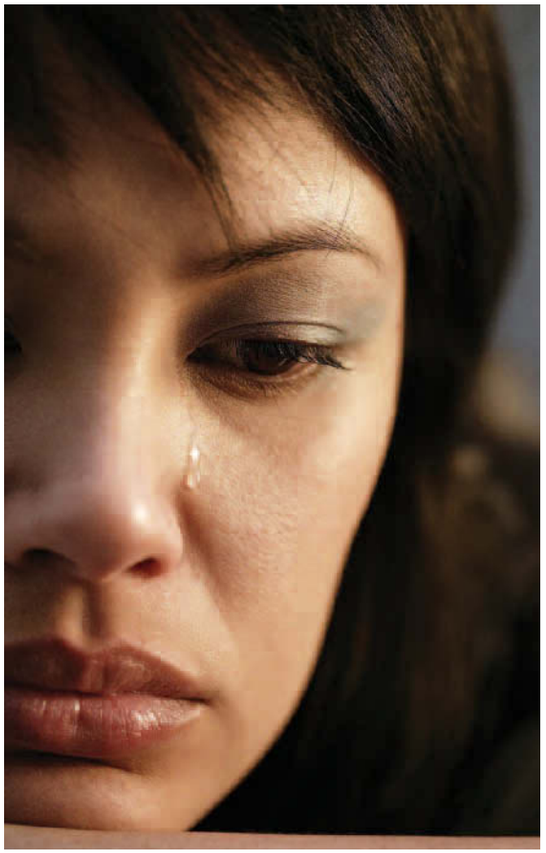
Postpartum Depression Screening

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.[8] Of those found to have depression, only 50 percent are actually treated for the illness.[9]

Awareness of the condition's severity has resulted in the American College of Obstetricians and Gynecologists and the U.S. Preventive Services Task Force 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 that is designed to appropriately identify mothers with postpartum depression by completing a postpartum depression screening. Advocate Physician Partners physicians complete the numerous Beyond Disease Management program efforts explained on page 8. 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 is a ten-question screen that is completed by the mother and is highly effective in diagnosing depression. The tool 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 billion 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 in health care costs annually 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 of $4,741 per employee, per year from absenteeism. 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 2010, the physicians of Advocate Physician Partners provided postpartum depression screening within 90 days of delivery to 93 percent of mothers, exceeding the national screening rate of 50 percent.

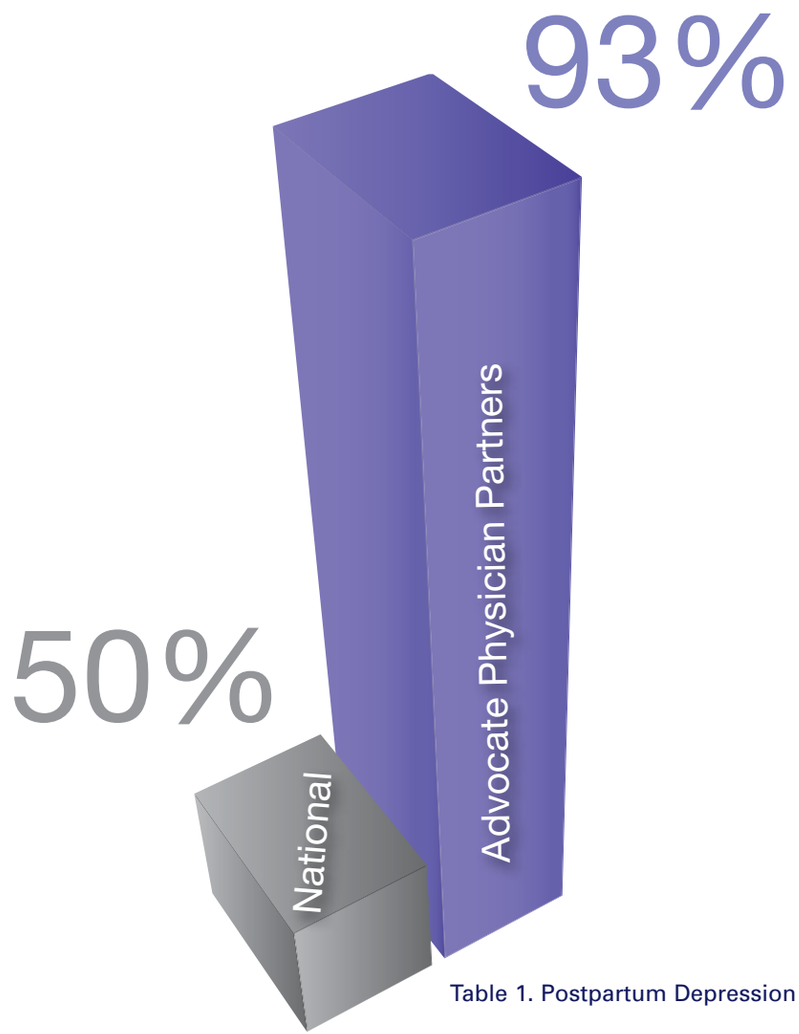


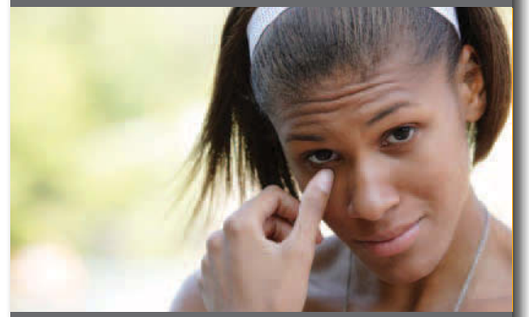
Table 1. Postpartum Depression Screening Rates

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' higher rate of screening, treatment and recovery of all eligible mothers for postpartum depression resulted **in nearly $600,000 in additional direct and indirect savings and 1,638 lost work days per year regained.**

These savings are conservative in nature as they do 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 73 percent of children covered by an HMO plan and 40 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 whether 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 Combinations

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 8, 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 $9.9 billion and $43.3 billion, respectively.[3]

Advocate Physician Partners Metrics/Results

In 2010, Advocate Physician Partners achieved an administration rate for childhood immunizations of 89 percent for HMO and 85 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]

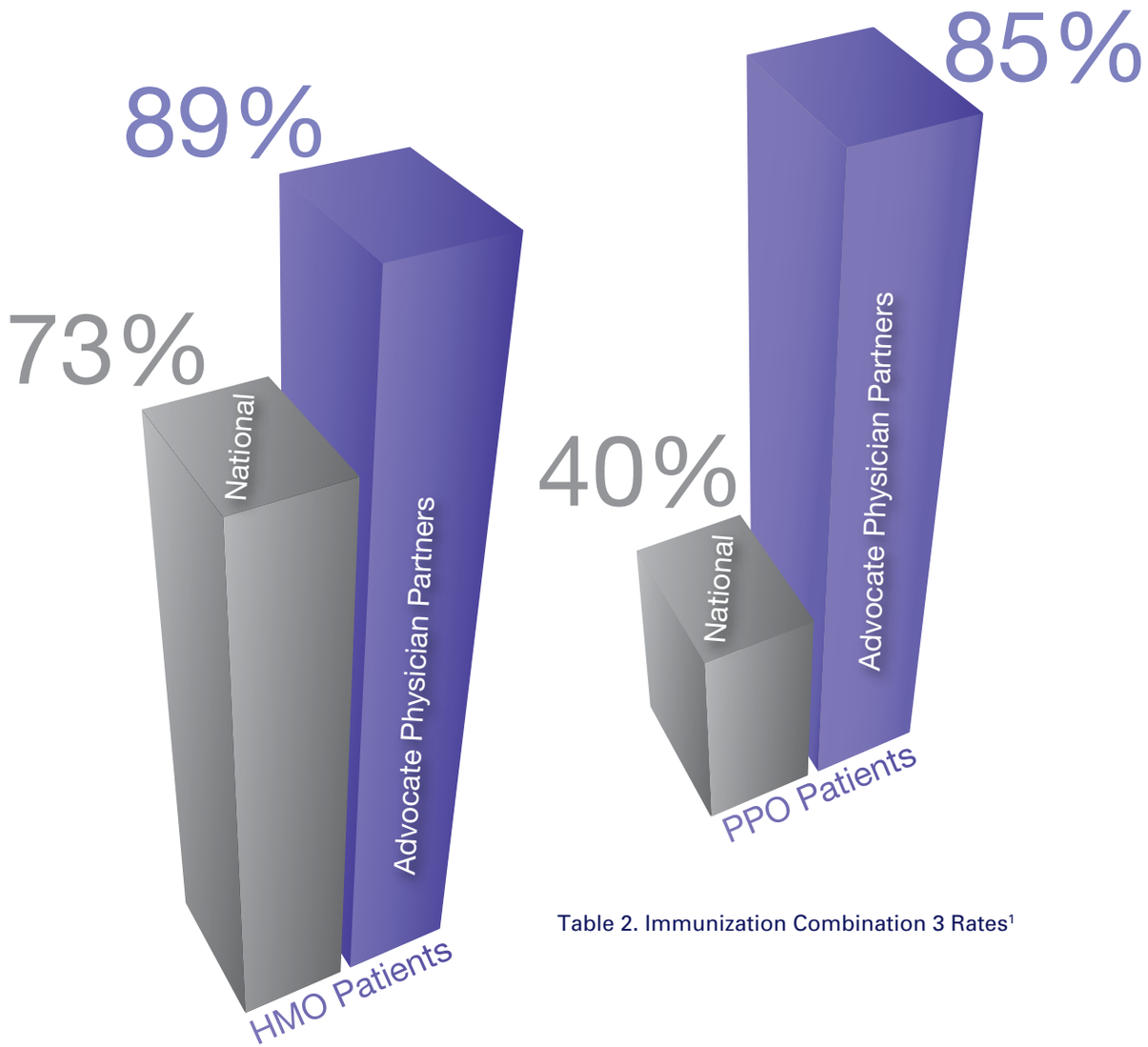

Table 2. Immunization Combination 3 Rates[1]

Advocate Physician Partners

Impact on Quality and Cost

Advocate Physician Partners' Combination 3 immunization rate **exceeds national averages by 16 percentage points for HMO patients and 45 percentage points for PPO patients.**

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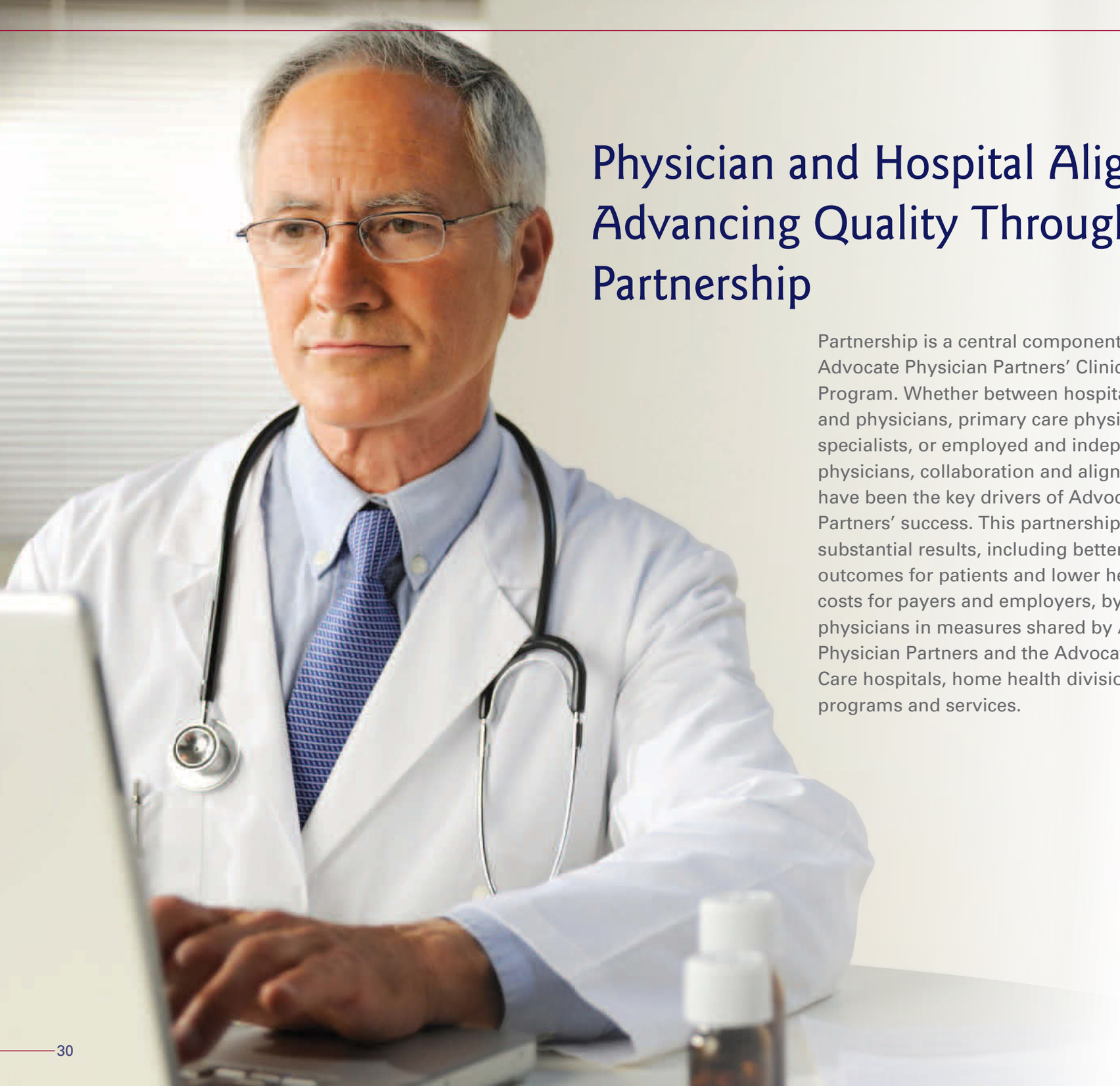
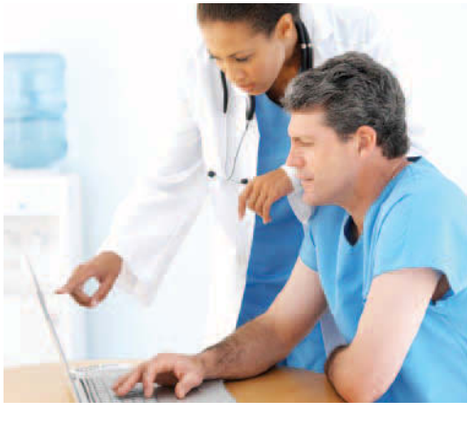


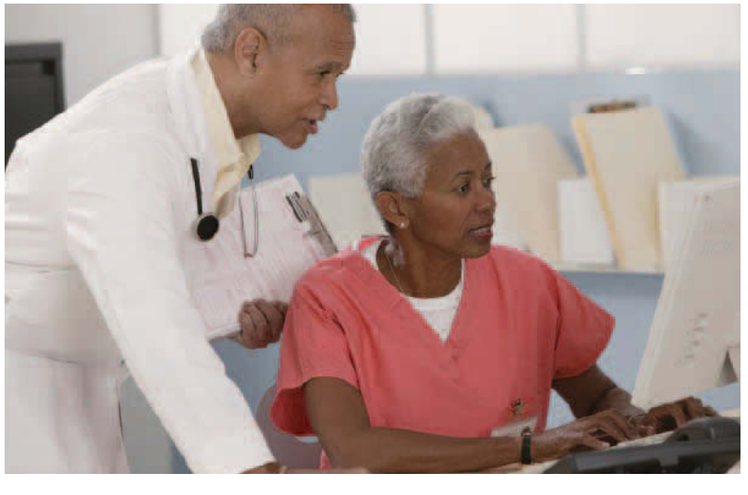
Physician and Hospital Alignment: Advancing Quality Through Partnership

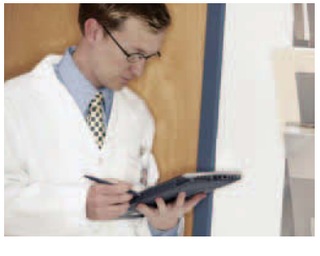
Partnership is a central component of the Advocate Physician Partners' Clinical Integration Program. Whether between hospital staff and physicians, primary care physicians and specialists, or employed and independent physicians, collaboration and alignment of goals have been the key drivers of Advocate Physician Partners' success. This partnership has yielded substantial results, including better health outcomes for patients and lower health care costs for payers and employers, by engaging physicians in measures shared by Advocate Physician Partners and the Advocate Health Care hospitals, home health division and other programs and services.

From the beginning, Advocate Physician Partners has provided its physician members with evidence-based protocols and guidelines for wellness and preventive care, as well as chronic disease management. Advocate Physician Partners physicians have demonstrated their commitment and dedication to the Program and to their patients through outstanding performance year after year. Their performance has also driven improvements in patient safety and outcome measures at the hospitals where they practice.

Aligning administrators, physicians and technologies behind a proven clinical and operational program is a critical component of driving change through a large health care system. Advocate Physician Partners' Clinical Integration Program provides the means to bring physicians and hospital staff together, working toward a common vision of superior quality of care. The following Computerized Physician Order Entry (CPOE) case study highlights the level of success that can be achieved by aligning the goals of physicians and hospitals—but it is just one example. Driving quality improvement through goal alignment is a key element of every Clinical Integration Program initiative, including those listed on pages 34 – 37 and detailed at advocatehealth.com/valuereport.







Computerized Physician Order Entry (CPOE)

Advocate Physician Partners Case for Improvement

Electronic prescribing systems help prevent adverse drug events (ADEs) by providing structured, evidence-based decision support to physicians entering an order for a prescription medication. These systems also contain patient information, including laboratory and prescription data, which helps prevent ADEs by providing physicians with real time prompts or warnings against the possibility of drug-to-drug interactions, medication allergies and potential overdosing. For example, in one large study that examined the use of analgesic pain medications, the error rate in prescribing these medications was found to be 2.87 per 1,000 orders.[1] Another study showed that the implementation of CPOE at all non-rural U.S. hospitals could prevent three million ADEs each year, saving both health care dollars and lives.[2] Yet, as of 2007, only 5.9 percent of all hospitals nationally had fully implemented CPOE systems and in 2010, the national implementation rate of CPOE systems reached 12 percent (Table 1), an average annual increase of only 1.5 percent since 2007.[3]

Advocate Physician Partners Objective and Interventions

The use of a CPOE system has been a measure in the Advocate Physician Partners' Clinical Integration Program for more than three years. In 2010, Advocate Health Care hospitals included the use of CPOE as a system-wide goal at 8 hospitals and identified CPOE as a key result area impacting health outcomes and costs. The adoption of a CPOE system requires a significant time commitment from physicians to learn and use the system. As a result, physicians are encouraged to use Advocate Health Care's CPOE system for all orders and are provided with incentives to do so through the Clinical Integration Program as well as hospital standards.

Economic and Medical Impact

- More than one million serious medication errors occur each year in U.S. hospitals.[4]
- A single adverse drug event adds $3,244 to the cost of hospitalization.[5]
- Adverse drug events account for over $7.5 billion annually in hospital costs alone.[2]
- CPOE Systems can reduce serious medical errors by up to 81 percent.[5]
- The U.S. Department of Health and Human Services considers the use of a CPOE system a core objective of health care technology guidelines and a foundational element to many other technology objectives, including the exchange of health information and clinical decision support.[6]

Advocate Physician Partners Metrics/Results

Advocate Physician Partners' early focus on CPOE has helped accelerate adoption of the system at the Advocate hospitals. In 2009, CPOE was implemented at six of eight Advocate Health Care hospitals and by 2010, CPOE was adopted at eight Advocate hospitals. Comparing the order entries for the six hospitals that utilized CPOE in both 2009 and 2010, physicians increased the number of orders placed using CPOE by 61 percent (Table 2). In 2011, physician use of CPOE for all orders will be mandatory at most Advocate hospitals.

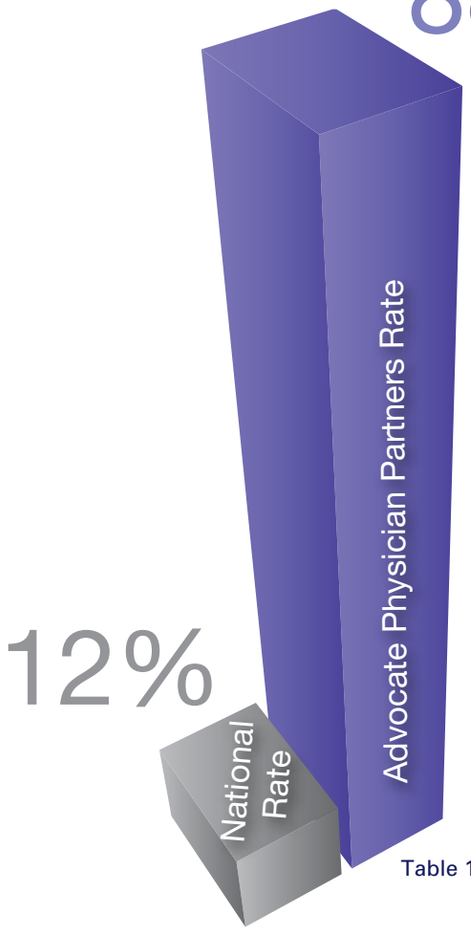


Table 1. CPOE Adoption Rate[3]

Table 2. CPOE Usage Rates 2009 to 2010 (in Millions)

Advocate Physician Partners

Impact on Quality and Cost

By 2010, Advocate Health Care implemented CPOE systems in 8 Advocate hospitals. **In addition, from 2009 to 2010 physicians on staff at Advocate hospitals increased the use of CPOE orders by 61 percent.**

Additional Clinical Integration Initiatives

Advocate Physician Partners member physicians participated in a total of 41 initiatives, including the 6 initiatives featured earlier in this report. The following pages provide a brief overview of a selection of the 35 additional initiatives and related performance measures. Advocate Physician Partners' overall performance in 2010 is measured against Advocate Physician Partners' 2009 results. Where indicated, thresholds were raised to drive continued performance improvement.

Performance Indicators Key

Performance equal to or above 2009 APP result

No improvement: Performance shortfall year over year is 4% or less

No improvement: Performance shortfall year over year is 5% or greater

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2010	Year over Year Performance Indicator
Cancer Care Improvement		
Participation in ASCO Quality Oncology Practice Initiative (QOPI) Program		
Community-Acquired Pneumonia Management		
Antibiotics Administered within 360 Minutes of Arrival	X	
Pneumococcal Vaccination Administered for Patients 65 or Older	X	
Congestive Heart Failure (CHF) Outcomes		
ACEi/ARB at Discharge	X	
Left Ventricular Function (LVF) Assessment		
Number of CHF with Left Ventricular Systolic Dysfunction Where Appropriate Medication Was Beta Blockers		
Number of CHF with Left Ventricular Systolic Dysfunction Where Appropriate Medication Was ACEi or ARBs		
Coronary Artery Disease Outcomes		
LDL Screening		
Percent with LDL Result < 100 mg/dl	X	
Percent with LDL Result >= 130 mg/dl	X	
Use of Anti-Platelet Medication	X	
Smoking Cessation Counseling	X	
Blood Pressure Measurement		
Blood Pressure Control < 140/90 mm/Hg	X	
Body Mass Index	X	
Comprehensive Care	X	
Depression Screening for the Chronically Ill		
Depression Screening		

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2010	Year over Year Performance Indicator
Effective Use of Hospital Resources		
Average Length of Stay Moderately Managed		
Average Length of Stay Well Managed		
Medical-Surgical Days per 1,000 HMO Members		
Medical-Surgical Days per 1,000 HMO Members < Loosely Managed		
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		
Patient Registry Usage		
Use of QI Registry	X	
Patient Safety Office Assessment		
Online Completion of Patient Safety Office Assessment		
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		

Other Clinical Effectiveness and Related Performance Measures	Increased Threshold in 2010	Year over Year Performance Indicator
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		
Smoking Cessation Education: Inpatient		
Inpatient Smoking Cessation Counseling for Adults	x	
Smoking Cessation Education: Outpatient – Children		
Pediatric Second Hand Smoking Assessment		
Pediatric Second Hand Smoking Counseling	x	
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	x	
Cardiac Surgery Patients with Controlled Post-Operative Serum Glucose	x	
Surgery Patients with Appropriate Hair Removal		
Surgery Patients with Appropriate DVT Prophylaxis Ordered	x	
Surgery Patients with Appropriate DVT Prophylaxis Received in a Timely Manner		
Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received Beta Blocker During the Perioperative Period	x	

More information about each of the 35 additional Clinical Integration initiatives is available online at advocatehealth.com/valuereport.

Taking Clinical Integration to the Next Level

The opening letter in this Report speaks to the development of Accountable Care Organizations (ACOs) as well as the importance of better coordination between physicians and hospitals to improve patient care. The primary goal of an ACO is to deliver coordinated, efficient health care and control run-away costs through collaboration among hospitals, clinicians and payers. Advocate Physician Partners' Clinical Integration Program is built on the infrastructure that fosters that very collaboration and has positioned the organization to enter into its first ACO-type contract with the largest commercial insurance company in the Chicago-area market.

Introducing Advocate**Care**

Advocate**Care** is a new and transformational approach to health care delivery focused on increasing the value of the health care dollar through improved health outcomes and reductions in waste, duplication and inefficiencies. To be more specific, success will be achieved through better patient care coordination and access across the continuum, improved clinical outcomes and sustainable costs. The overall enhancement in care delivery will be supported by a variety of strategic elements adopted from the Clinical Integration Program such as those described in the earlier sections of this Report. These include a strong administrative and physician-led oversight committee, investments in new decision support applications and expanded physician incentives.

Within Advocate**Care**, access to primary care physician services will be increased, fostering care delivery at the right time, in the right place. Improving patient access on an outpatient basis will reduce unnecessary emergency department visits and hospital admissions, prevent delays in patient treatment at the earliest onset of illness and improve patient satisfaction.

Patients with more complex conditions will be cared for by a coordinated team that includes physicians, care managers and other health care professionals. A single care manager will work closely with patients, following them through the entire health care continuum; properly transitioning care from an inpatient setting or emergency department to the patient's home or care facility. In addition, the care manager will remain in contact with patients to help ensure medication adherence, remind them to schedule and attend follow-up physician visits and handle other pertinent health related matters.

This coordinated approach to patient care will result in reductions in hospitalizations for ambulatory sensitive conditions, readmissions and emergency department visits and an increase in preventive care. A greater emphasis on wellness and prevention—both primary and secondary—will result in healthier patients who will experience fewer complications from their diseases, resulting in lower medical costs and less time off work. Additionally, this coordinated approach will reduce duplicative services and their associated costs.

AdvocateCare** is a new and transformational approach to health care delivery focused on increasing the value of the health care dollar through improved health outcomes and reductions in waste, duplication and inefficiencies.**

Raising the Bar: The 2011 Advocate Physician Partners' 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 2011 Clinical Integration Program's 57 key initiatives and their areas of impact.

	2011 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTRUCTURE	PATIENT SAFETY	PATIENT EXPERIENCE
1	30-Day Readmission Rate		✔			
2	APP – Wide Cost Index		✔			
3	Asthma Care Outcomes	✔	✔	✔		
4	Board Certification	✔		✔	✔	✔
5	Cancer Care Improvement	✔	✔	✔	✔	✔
6	Care Coordination—Discharge Orders		✔			
7	Care Coordination—Follow-up After Discharge				✔	
8	Cardiac Surgery Outcomes	✔	✔	✔	✔	✔
9	Childhood Immunizations	✔	✔			
10	Clinical Laboratory Standardization	✔	✔	✔		
11	Communication: Specialists to PCPs	✔	✔		✔	✔
12	Community Acquired Pneumonia Management	✔	✔			
13	Congestive Heart Failure Outcomes	✔	✔			
14	Controlling High Blood Pressure	✔				
15	Coronary Artery Disease	✔	✔			
16	Depression Screening	✔	✔			
17	Diabetes Care Outcomes	✔	✔	✔		
18	ED Arrival to Departure Time		✔			
19	ED Admit Decision Time		✔			
20	ED—Left Without Being Seen		✔			
21	ED Visits to PCP Visits Index		✔			
22	Effective Use of Hospital Resources—65 and Over		✔			
23	Effective Use of Hospital Resources—Under 65		✔			
24	Electronic Health Records Usage			✔		

	2011 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTRUCTURE	PATIENT SAFETY	PATIENT EXPERIENCE
25	Generic Prescribing	✔	✔			✔
26	Hospital Outpatient Quality Data Reporting	✔				
27	Hospitalist Program: Effective Handoff	✔	✔		✔	✔
28	Meaningful Use—Problem List			✔		
29	Medical Staff Influenza Vaccination				✔	
30	Med/Surg Days per 1000		✔			
31	MRI Utilization Rates		✔			
32	Obstetrics: Postpartum Care	✔				✔
33	Obstetrics: Postpartum Depression	✔	✔			
34	Ophthalmology: Diabetic Retinopathy	✔	✔	✔		
35	Osteoporosis Screening	✔	✔			
36	Patient Registry Usage	✔	✔	✔		
37	Patient Safety Office Assessment	✔	✔		✔	
38	Patient Satisfaction—Inpatient	✔				✔
39	Patient Satisfaction—Outpatient					✔
40	Patient Satisfaction—ED					✔
41	Peer Satisfaction				✔	
42	Peer Satisfaction—Emergency Physician	✔	✔		✔	✔
43	Pharmaceutical: Generic Nasal Steroid Usage	✔	✔			
44	Pharmaceutical: Generic Proton Pump Inhibitor Usage	✔	✔			
45	Pharmaceutical: Generic Statin Use	✔	✔			
46	Physician Education Roundtable Meetings	✔	✔	✔	✔	✔
47	Physician Office Hours Access Survey		✔			
48	Radiology Mammography Bi-Rad Utilization	✔		✔	✔	✔
49	Radiology Turnaround Times	✔				
50	Sepsis Risk Adjusted Mortality Index	✔				
51	Smoking Cessation Education: Outpatient—Adult	✔	✔	✔		
52	Smoking Cessation Education: Outpatient—Children	✔	✔	✔		
53	Specialty Care Referral Rate		✔			
54	Specialty Care Visits Rate		✔			
55	Surgical Care Improvement	✔	✔		✔	
56	Wellness Initiatives—Adult	✔				
57	Wellness Initiatives—Pediatrics	✔				

Professional and Community Recognition

In 2010, Thomson Reuters measured quality and efficiency among 255 health systems nationwide. Advocate Health Care finished in the top 10 for performance in quality at the eight acute care hospitals that comprised Advocate Health Care in 2009.

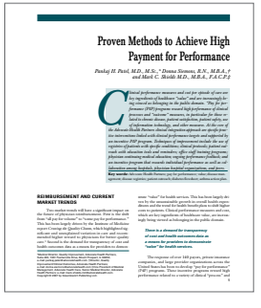
Published Articles

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 2011 Value Report web page.

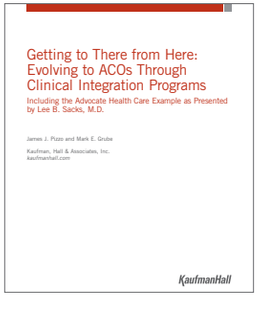
A Model for Integrating Independent Physicians into Accountable Care Organizations. Published in *Health Affairs*. January, 2011.

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.



Proven Methods to Achieve High Payment for Performance. Published in *The Journal of Medical Practice Management*. July/August, 2007. Posted with permission by The Journal of Medical Practice Management, Volume 23 Number 1, pages 5-11, Copyright 2007, Greenbranch Publishing, 800-933-3711, http://www.greenbranch.com/.



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.

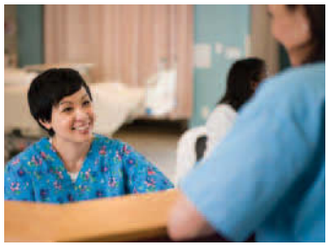
Lee Sacks, MD: Enhancing Quality Is Good for Business. Published in *HFMA, Healthcare Financial Management Association*. December, 2010. Cover Feature.

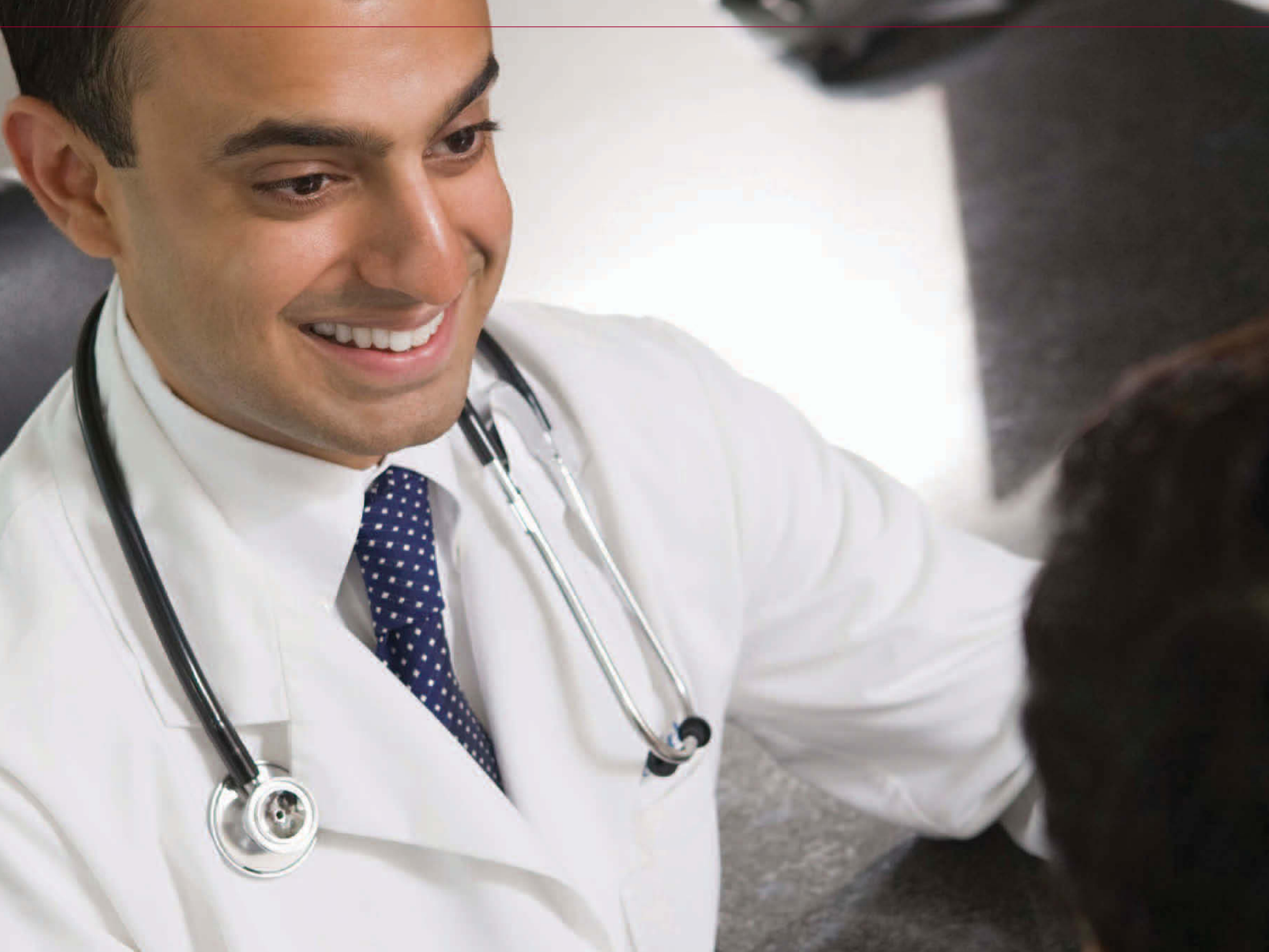
Acknowledgements

Advocate Physician Partners gratefully acknowledges the support of the many health plans, regulatory organizations, leadership groups, employers and benefit consultants for their interest and commitment to the Advocate Physician Partners' Clinical Integration Program.

Advocate Physician Partners would also like to extend sincere thanks and recognition to the more than 3,800 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.





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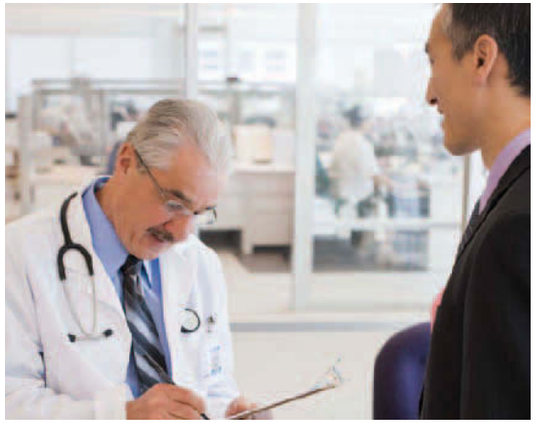
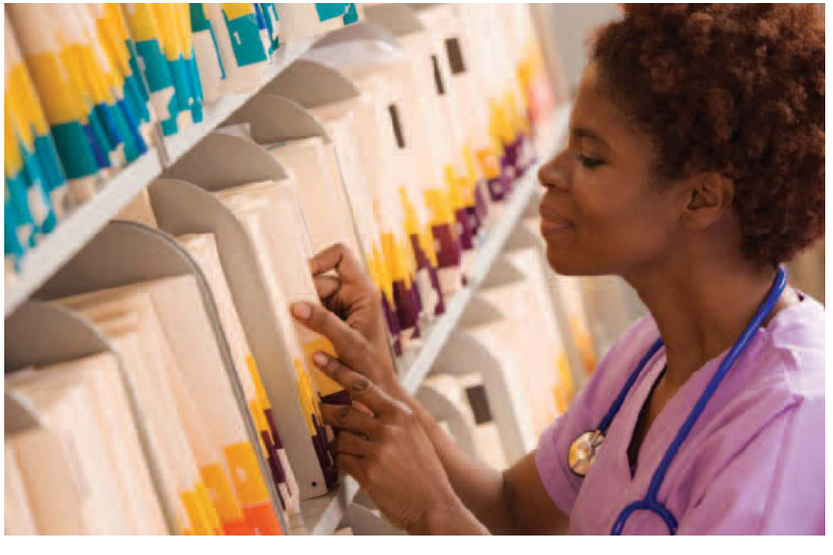
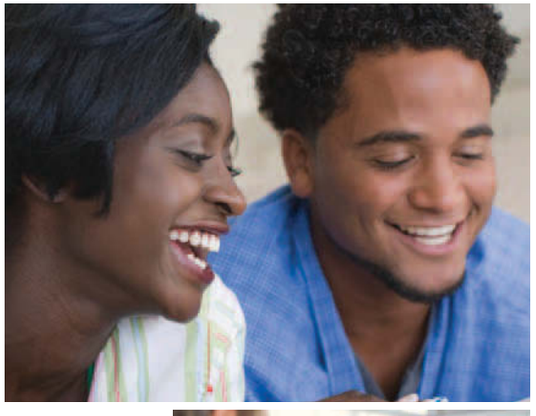




ABOUT ADVOCATE PHYSICIAN PARTNERS

Advocate Physician Partners is the care management and managed care contracting joint venture between the Advocate Health Care system and select physicians on the medical staffs of Advocate hospitals. With a physician network that includes more than 1,100 primary care physicians and 2,700 specialists, Advocate Physician Partners is focused on improving health care quality and outcomes—while reducing the overall cost of care—in both the inpatient and ambulatory settings. Advocate Physician Partners' nationally recognized clinically integrated approach to patient care utilizes best practices in evidence-based medicine, advanced technology and quality improvement techniques.

Advocate Health Care, named one of the nation's top 10 health systems based on clinical performance for the second consecutive year, is the largest health system in Illinois and one of the largest health care providers in the Midwest. Advocate operates more than 250 sites of care, including 10 acute care hospitals, two integrated children's hospitals, five Level I trauma centers (the state's highest designation in trauma care), two Level II trauma centers, one of the area's largest home health care companies and one of the region's largest medical groups. Advocate Health Care trains more primary care physicians and residents at its four teaching hospitals than any other health system in the state. As a not-for-profit, mission-based health system affiliated with the Evangelical Lutheran Church in America and the United Church of Christ, Advocate contributed $462 million in charitable care and services to communities across Chicagoland in 2009.



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