

The 2009 Value Report



*Reporting
the 2008 Clinical
Integration Results*

Benefits from Clinical Integration



Letter from the President

Advocate Physician Partners is pleased to share with you the 2009 Value Report—the annual report on the results of its award-winning Clinical Integration Program for the year 2008. Each year the number of patients treated within the Program continues to increase. The Clinical Integration Program has also continued to evolve by adding more performance measures, and higher performance expectations, for its participating physicians, which today number over 3,200. Despite the increased reach and complexity of the Program, in 2008 Advocate Physician Partners again achieved record performance in almost every area of endeavor. This had the effect of improving patient outcomes and achieving significant cost savings by accelerating the adoption of evidence-based best practices, leading clinical information technologies and quality improvement techniques.

The 2009 Value Report provides a results-oriented overview of the Advocate Physician Partners' 2008 Clinical Integration Program, its quality outcomes and the savings it has delivered to employers in the Chicago metropolitan area. In these troubled economic times, employers are forced to look more closely than ever at expenses and the value received for their investment in health care benefits. At Advocate Physician Partners, we take seriously our responsibility to utilize health care dollars in a socially and economically responsive manner. Through our focus on prevention and the early detection and optimal treatment of diseases, we hope our partnership with you will serve to improve patient outcomes and reduce avoidable costs associated with treating diseases in more advanced stages.

The Clinical Integration Program described in these pages is one of the most unique of its kind in the nation, and has drawn the attention and admiration of a number of health policy experts, business and professional associations and provider organizations around the country. Its success is the result of the unique collaboration of the eight Advocate hospitals, some 3,200 physicians and the major managed care organizations serving the Chicago metropolitan area.

We look forward to our continued partnership with you and, as always, welcome your feedback on the Clinical Integration Program.

Sincerely,



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

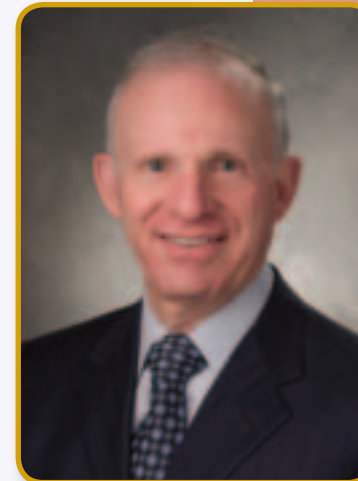


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Executive Summary



The Clinical Integration Program is designed to improve health outcomes and increase the value received for the dollars spent by Chicago-area employers on employee health benefits.

Advocate Physician Partners is a joint venture between over 3,200 physicians and the eight 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 Chicago-area 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 independently practicing physicians into a comprehensive care management program, comprised of a common set of quality goals and measures across all insurance carriers, with a focus on improved health care outcomes and reducing the long term cost of care. Unlike other disease management or preventive health programs, the Clinical Integration Program provides extensive infrastructure and support to physicians participating in the program, as well as a pay-for-performance incentive system, to 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). These measures serve as the gold standard for measuring provider performance and managing population health status. Pursuit of these benchmark performance levels results in fewer medical errors, improved patient outcomes, reductions in employee absenteeism and, ultimately, quantum reductions in health care costs by prevention and the early detection and treatment of diseases before they reach advanced stages.

The 2009 Value Report highlights the results of the Clinical Integration Program for 2008. Significant accomplishments of the Program include:

- Advocate Physician Partners' Generic Prescribing initiative resulted in prescribing rates four percentage points higher than a large Chicago-area insurer. The effort resulted in an additional savings of \$5.5 million to Chicago-area payers, employers and consumers.
- Advocate Physician Partners provided smoking cessation counseling to 86 percent of patients who were current or recent smokers, well above the 62 percent nationally reported average rate. This resulted in the avoidance of \$4.1 million in health care spending related to smoking-related diseases.
- Depression Screening for the Chronically Ill, and the subsequent treatment of depression in patients with diabetes or those who had a cardiac event, resulted in an additional \$4.9 million in direct and indirect savings and approximately 4,700 fewer lost work days compared to the national standards of practice.
- Advocate Physician Partners' Asthma Management Program resulted in additional direct and indirect medical cost savings of \$2.1 million above Chicago-area averages. The initiative resulted in an estimated additional 3,173 days saved annually from absenteeism and lost productivity.
- Advocate Physician Partners' Diabetes Care initiative resulted in an additional 5,700 years of life saved, 9,000 years of eyesight preserved and 6,800 years free from kidney disease.
- The Cardiac Care initiative resulted in improvements exceeding state and national benchmarks by five to nine percentage points.
- Advocate Physician Partners' physicians achieved an 80 percent vaccination rate in administering Combination 3 immunizations to children by their second birthday, exceeding the national average of 75.5 percent.

The Program is built on the standards set by industry leadership groups.



CHANGING THE REIMBURSEMENT PARADIGM TO IMPROVE QUALITY AND SAVINGS



A critical component of Advocate Physician Partners' Clinical Integration Program is its pay-for-performance incentive system.

A critical component of Advocate Physician Partners' Clinical Integration Program is its pay-for-performance incentive system. In industries other than health care, pay-for-performance is a widely accepted practice by which businesses reward management for performance linked to the strategies and success of the organization. Advocate Physician Partners' pay-for-performance system applies this approach to drive performance improvement in the clinical setting.

For the 2008 Clinical Integration Program, Advocate Physician Partners carefully researched metrics and established performance targets for each of the Program's clinical initiatives based on national best practices, research findings and other recognized benchmarks. Economic incentives were then developed to encourage physicians to meet or exceed performance targets in each of these areas. Throughout the year, physician performance on each of these metrics was monitored and reported back on a quarterly basis. Financial rewards were distributed to the physicians at the end of the year based on their degree of achievement. These incentive payments are designed to recognize the additional work required by physicians and their staff which is not reimbursed in the current fee-for-service system, but is necessary to achieve the performance levels reached by Advocate Physician Partners.

Advocate Physician Partners' financial incentive system links hospitals and physicians to increase the level of collaboration and degree of coordination of care. These linkages help overcome the sometimes conflicting incentives that exist in the traditional fee-for-service model of health care provider reimbursement. Another design feature of the incentive system is that it is structured to reward performance of both the individual physician and the physician's peer group. Inclusion of the physician's peer group in the pay-for-performance system encourages the development of a culture of excellence among peers. The achievement of such a culture is critical to the further advancement of Advocate Physician Partners' quality, safety and cost effectiveness goals.



Health plans fund Advocate Physician Partners Clinical Integration Program

Advocate Physician Partners rewards physicians whose performance meets or exceeds program goals

Health plans, employers and the community benefit through more cost-effective care, improved productivity and better health outcomes

Advocate Physician Partners' performance management program addresses issues of under-performance as well. Sanctions for non-performance by physicians include forfeiture of incentive payments, enrollment in corrective action programs and procedures to terminate the physician from the Advocate Physician Partners' network. Advocate Physician Partners' performance management program positions it at the forefront of the health care pay-for-performance revolution currently sweeping the nation.

Beyond Disease Management

BEYOND TRADITIONAL OUTREACH

A recently published study of the effectiveness of fifteen disease management programs in the U.S. showed that only two were successful in achieving significant results in terms of improving patient outcomes and decreasing cost.¹ As expected, within the two successful programs, the physician was found to be the critical central point in patient care. The programs incorporated attributes including increased contact by the nurse-coordinators with patients, increased contact between coordinators and physicians, an emphasis on more evidence-based care and promoting patient-centered care. These same attributes are central to the Advocate Physician Partners' Clinical Integration model.

At Advocate Physician Partners, the physician, not an outside consultant, is at the center of our disease management program. The Clinical Integration Program contrasts dramatically with that of the disease management companies many employers hire to help limit the cost of chronic disease to their employees and their business. While Advocate Physician Partners physicians are diagnosing and treating patients in the early stages of chronic disease, disease management companies often focus on claims review – a slow and cumbersome process driven by gathering and reviewing paperwork. The typical claims review process can take months to complete, and as paperwork is gathered and reviewed, patient health status can decline further, resulting in a loss of both money and productivity to the employer.



Early diagnosis is just one part of the multi-faceted approach to drive improved patient communication and compliance.

At Advocate Physician Partners, early diagnosis by the physician is a critical first step in a process that extends beyond disease management. However, early diagnosis is just one part of the multi-faceted approach to drive improved patient communication and compliance.

Disease Registries

From the time of initial diagnosis, patient information is entered into online disease management registries. Advocate Physicians Partners' registries target major chronic disease groups that affect long term care and complications that left untreated, result in higher medical and productivity costs. Access and management through the registries allow the physician to more effectively track patient compliance.

Patient Outreach

Frequent patient communications and access to educational resources help drive behavioral changes and improve patients' medical outcomes. Advocate Physician Partners' outreach efforts include follow up phone calls, mailed educational materials and appointment and medication reminders.

Chart-Based Patient Management Tools

Flow sheets are embedded in patients' electronic medical records or chart files as reminders to the physician to initiate and continue outreach efforts for their patients. Additional tools, such as the Asthma Action Plans described on page 19 of this Report, are also included where appropriate to assist in providing timely and appropriate care for patients with a specific chronic disease.

MOVING BEYOND EVIDENCE-BASED MEDICINE TO THE EVIDENCE-BASED CLINICAL PRACTICE

Scientific literature and established quality measures are critical components of continual improvement of health outcomes. The use of these components has guided the health care industry in the establishment of what is termed evidence-based medicine—the “what works” in improving health care outcomes. Advocate Physician Partners embraces and has adopted best practices using evidence-based protocols and additionally realizes the need to align and structure the physician practice to support the implementation of these best practices. In 2008, Advocate Physician Partners built upon its existing Beyond Disease Management program by developing approaches to re-engineer the physician practice providing tools, education and efficiencies to implement additional outreach approaches.

The following are examples of the additional outreach efforts in the area of diabetic care. These efforts were established in 2008 and will be further developed and expanded in 2009 and beyond.

Diabetic Collaboratives are evidence-based programs that have demonstrated success and results. Adult learning principles are used to assist physicians in adapting effective changes to their office practice, adopting quality improvement techniques and capitalizing on shared learning and collaboration among other Advocate Physician Partners’ physician practices.

The success of this Program has prompted Advocate Physician Partners to expand such collaboratives among physicians. Further, in 2009, collaboratives have been expanded to include a focus on enhancing the care provided to patients with asthma, heart failure and coronary artery disease.

A **Diabetic Specialty Clinic** was established at the Advocate South Suburban and Advocate Trinity hospitals to further support the maintenance needs of select diabetic patients. The clinic is supported by Advocate Physician Partners physicians and is staffed by a nurse practitioner who provides additional monitoring and protocol-driven management services.

Patient Coaching addresses the concerns of many physicians regarding patients who do not follow medical plans and need additional support beyond what physician offices are capable of providing. To assist patients who need this additional support, Advocate Physician Partners has implemented a patient coaching program to encourage health and wellness. This innovative program includes personalized one-on-one professional coaching by a health and wellness coach. Patients are called weekly for both education and encouragement. The goal of the program is to provide personalized support encouraging better self-management in such areas as diet, exercise, smoking cessation support and diabetes home management.



Advocate Physician Partners embraces evidence-based protocols and aligns the physician office to support the implementation of these best practices.

Health Care Technology: Why Does It Matter?

Advocate Physician Partners physicians are required to adopt new technologies to enhance communication, drive performance and ultimately, improve patient outcomes.



The preceding two sections of this Report explain two of the facets necessary to achieve an infrastructure that supports a successful Clinical Integration Program. It is clear that both early identification of illness and treatment of chronic disease are essential to improving outcomes above community norms. The addition of Advocate Physician Partners’ pay-for-performance financial model further drives improved outcomes. The third critical piece to the process is the need for effective communication of patient information. In today’s world of advanced technologies, that process is achieved most effectively through the development and timely transmission of electronic databases.

As a requirement of membership, Advocate Physician Partners physicians are required to adopt new technologies to enhance communication, drive performance and ultimately, improve patient outcomes.

Year	Technological Advancement
2004	High Speed Internet Access in Physician Offices
2005	Electronic Data Interchange (EDI) Claims Submission
2006	Electronic Medical Claims
2007	eICU® High Level Participation
2008	Electronic Prescribing

Table 1. Advancing Technology Adoption

HIGH SPEED INTERNET ACCESS IN THE OFFICE

In 2004, consistent with physician practices nationally, only 22 percent of Advocate Physician Partners physician members had a high speed Internet connection in their offices. Through the Internet, physicians have quick and easy access to patient disease registries, patient assessment and education tools and other electronic practice supports at the point of care in their offices. Since 2005, high speed Internet access has been a requirement of membership in Advocate Physician Partners.

ELECTRONIC DATA INTERCHANGE (EDI)

Electronic submission of claims reduces associated administrative costs and ultimately results in savings to the health care industry. Since 2005, Advocate Physician Partners has required physician members to submit claims for its HMO patients through electronic data interchange (EDI). Beginning in 2006, incentives were provided to physicians who used EDI for fee-for-service billings to insurance companies as well as their HMO patients. Compliance rose to nearly 100 percent by 2007 and in 2008 claims submission through EDI became a requirement of membership in Advocate Physician Partners.

ELECTRONIC MEDICAL RECORDS INCLUDING COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

Through the use of CareNet and CareConnection, Advocate Physician Partners physicians have access to a clinical data repository and electronic medical record technology. The systems provide current information about their patients within Advocate hospitals, laboratories, outpatient facilities and ambulatory settings, and include a state-of-the-art Computerized Physician Order Entry (CPOE) function that studies have shown dramatically improves the safety of hospitalized patients. In 2008, 85 percent of Advocate Physician Partners physicians proficiently used electronic medical record technologies.

ELECTRONIC INTENSIVE CARE UNIT (eICU®) USAGE

The Advocate Health Care eICU® program connects the 15 adult intensive care units across eight of Advocate's hospitals and enables intensivists physicians working from a central command center to provide clinical oversight to patients around the clock. Advocate Physician Partners use of the eICU® at the highest levels allows the critical care physicians and staff at the eICU® command center to instantly modify the patient's care plan as the need arises. Since 2004, Advocate Physician Partners physicians' use of the eICU® at the highest levels increased to nearly 100 percent. In 2008, use of eICU® became a requirement of membership.

ELECTRONIC PRESCRIBING

Electronic prescribing is slowly becoming a way of practice in the United States, with Medicare beginning to accelerate the adoption of the technology through certain payment incentives. In 2008 Advocate Physician Partners began making available to its physicians an affordable electronic prescribing system called APPeX. The use of APPeX improves patient safety by providing information on drug interactions, allergies, dosage and formulary details. Information is maintained electronically and allows physicians to send prescriptions directly to the pharmacy. Electronic prescribing supports the physicians of Advocate Physician Partners to reduce medical errors and improve patient safety.



Electronic prescribing supports the physicians of Advocate Physician Partners to reduce medical errors and improve patient safety.

Generic Prescribing Initiative



A generic medication is the chemical equivalent of a drug that has an expired patent. By law, the generic drug must have the same active ingredient as the brand name medication and it is subject to the same standards as its brand name counterpart.

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,¹ which equates to a projected increase of over 10 percent annually.
- ▲ Beginning in 2010, the national prescription drug utilization trend is expected to rise faster than the current trend for other major health care cost drivers (e.g., hospital care, physician and clinical services).²
- ▲ According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies. Even more billions are saved when hospitals' use of generics is included in the calculation of the savings.³
- ▲ A 2006 report from a leading pharmacy benefit management company suggested that the use of generic cholesterol-lowering medications alone could save the U.S. consumers more than \$10 billion.⁴

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

Two key factors are generally thought to contribute to the spending growth of pharmaceuticals: Changes in utilization and changes in unit cost. A 2008 drug trend report shows that in 2007, the drug trend was predominantly driven by an overall increase in utilization. Unit costs grew very slowly, primarily due to the significant increase in the use of low-cost generic drugs.²

The rewards of a successful generic drug promotion strategy can be substantial in today's environment. Brand medications with total U.S. sales of close to \$24 billion will lose patent protection over the three-year time period between 2008 and 2010. Between 2011 and 2012, additional brand drugs with annual sales of some \$42 billion will become available in generic form.² Thus, the next five years will provide substantial opportunities for payers and consumers to reap cost savings by physicians increasing generic drug utilization.

It is estimated that every one percentage point increase in generic drug use results in nearly one percentage point decrease in overall drug spending.⁵ Extensive amounts of research demonstrate the effectiveness of soon-to-be-available generic medications in treating patients. In addition, all generics have long-term safety data often 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 AND INTERVENTIONS

The goal of Advocate Physician Partners is to increase the use of clinically appropriate generic medications in the outpatient setting. In 2008, Advocate Physician Partners established a generic prescribing target rate of 64 percent or better for the overall generic usage rate for all prescription drugs. This is equivalent to the Generic Dispensing Rate (GDR), a nationally recognized standard of measurement.⁶ To achieve that overall target, Advocate Physician Partners establishes individual specialty-specific targets based on the potential opportunity for each specialty to use generic medications.

Advocate Physician Partners employs full-time pharmacists to facilitate the process of generic substitution. These pharmacists, in contrast to drug company detail reps, provide academic detailing.⁷ This approach involves 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 and best practices related to pharmaceutical usage and the pharmacist's clinical recommendations rooted around the concept of evidence-based medicine.

In addition, beginning in 2007, Advocate Physician Partners initiated a unique generic voucher program⁸ in collaboration with Walgreens, a large retail pharmacy. The generic voucher program enables physicians to provide patients with vouchers enabling them to obtain a one-month supply of one of the generic medications at no cost or at 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.

Generic Medication Prescribing Advocate Physician Partners



ADVOCATE PHYSICIAN PARTNERS METRICS/RESULTS

In 2008, Advocate Physician Partners physicians increased the overall use of generic drugs to 66 percent exceeding the set goal of 64 percent and well above the Chicago rate of 61.8 percent as reported by a national managed care organization.

Table 1. Advocate Physician Partners Generic Medication Prescribing^a

Advocate Physician Partners **IMPACT** *on Quality and Cost*

Advocate Physician Partners' Generic Prescribing initiative resulted in prescribing rates four percentage points higher than a large Chicago-area insurer. The effort resulted in an additional savings of \$5.5 million to Chicago-area payers, employers and consumers.

Smoking Cessation Education Program



A program designed to encourage smokers to stop smoking by providing education, counseling, medication and ongoing support.

Economic and mEdical impact

- ▲ In 2007, 19.8 percent of adults in the U.S. identified themselves as smokers.¹ Another study indicates that an estimated 1,200 children and adolescents became smokers each day.²
- ▲ During the period 2001 to 2004, the total economic burden of smoking was approximately \$193 billion per year, with \$96 billion attributed to direct health care expenditures and approximately \$97 billion attributed to productivity losses.³
- ▲ Smokers average 35 more hours of lost productivity each year (through increased absenteeism and decreased presenteeism) when compared to former smokers.⁴
- ▲ The average annual cost for lost productivity for current smokers was \$4,430 per year compared to former smokers at \$3,246 per year and nonsmokers at \$2,623 per year.⁴

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

It is estimated that approximately 70 percent of smokers see a physician at least once per year⁵ but recent studies show that physicians provide smoking cessation counseling to only 62 percent of these patients.⁶ Yet research shows that smoking cessation counseling by physicians will significantly increase quit rates. Less intensive interventions—such as simple advice to quit smoking—can produce cessation rates of five to 10 percent per year. More intensive interventions, which combine behavioral counseling and pharmacological treatment, have been shown to increase quit rates by as much as 20 to 25 percent in one year.⁷

ADVOCATE PHYSICIAN PARTNERS OBJECTIVE AND INTERVENTIONS

Advocate Physician Partners' objective is to increase the number of patients who receive smoking cessation counseling from their physician in both the office and inpatient settings.

Through Advocate Physician Partners' Beyond Disease Management program, page 8, physicians provide ongoing educational outreach to their patients. In addition, Advocate Physician Partners has taken substantial steps to educate physicians on contemporary behavioral counseling techniques and pharmacological therapy, as well as provide them with patient education material for their patients who smoke.

Beginning in 2009, Advocate Physician Partners is adopting an additional measure for pediatricians and family medicine physicians to document the incidence of smoking in homes where children are present, and encourage these adult smokers to quit. This new initiative was created to address the high incidence of childhood illness where there is exposure to second hand smoke.

Smoking Cessation Education in Office

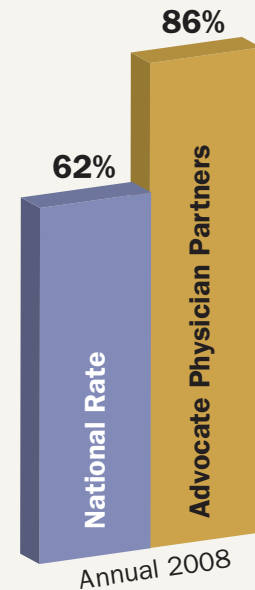


Table 1. Advocate Physician Partners Smoking Cessation Education in Office⁶

ADVOCATE PHYSICIAN PARTNERS METRICS/RESULTS

In the outpatient setting, the physicians of Advocate Physician Partners provided smoking cessation counseling to 86 percent of patients who were current or recent smokers, well above the 62 percent national figure.

In the inpatient setting, 99 percent of patients admitted to Advocate hospitals that were current or recent smokers were given smoking cessation counseling facilitated by an Advocate Physician Partners physician.

Advocate Physician Partners **IMPACT** *on Quality and Cost*

In 2008, Advocate Physician Partners' Smoking Cessation initiative resulted in nearly 2,400 patients quitting smoking over and above the national quit rate. Using 2004 medical cost data, the initiative resulted in savings of more than \$4.1 million, with more than \$1.3 million in direct savings and \$2.8 million in indirect savings. In addition, the initiative saved Chicago-area employers an estimated 10,395 working days of lost productivity annually.

Depression Screening for the Chronically Ill



Depression is a disorder that involves an individual's body, mood and thought processes in ways that can adversely impact the affected individual's ability to function in work, social and personal settings.

Economic and mEdical impact

- ▲ In 2000, depression accounted for \$83 billion in societal costs to the U.S., with only 25 percent attributed to treatment and 62 percent resulting from absenteeism and presenteeism.¹
- ▲ Adults with coronary artery disease who also have depression or anxiety, have direct annual medical costs \$5,700 greater than those without anxiety or depression.²
- ▲ Treatment of depression in diabetes patients results in savings of \$1,651 in direct medical costs per person, per year.³
- ▲ Literature suggests the average indirect costs from absenteeism are \$4,741 per employee, per year. These costs do not factor in the additional savings available through presenteeism losses which are averaged to be an additional 15 percent of time lost.⁴
- ▲ Employees with depression take a mean 9.90 sick days annually, which is greater than the mean for heart disease (7.47) and diabetes (7.17) alone.⁵

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

Depression is present in approximately five percent of the general population, 10 percent of medical outpatients, 20 percent of patients with coronary heart disease, 30 to 40 percent of outpatients with heart failure and up to 50 percent of patients hospitalized for coronary artery bypass graft surgery or acute coronary syndrome.⁶

In patients with diabetes, the overall age-adjusted prevalence for depression is 17 percent. The prevalence rate is significantly higher when socioeconomic status and ethnicity are factored in.⁷ There is also a 250 percent increase in risk of death compared to people without either diabetes or depression.⁸ Studies show that following a heart attack, only 25 percent of patients who have depression are so diagnosed. Of those, only 50 percent are treated.⁹ In addition, two of every three patients with diabetes and depression do not receive antidepressant medication.¹⁰

ADVOCATE PHYSICIAN PARTNERS OBJECTIVE AND INTERVENTIONS

Advocate Physician Partners' objective is to appropriately identify and treat patients with depression by increasing professional screening in those patients diagnosed with diabetes or who have had an acute cardiac event.

Through the Advocate Physician Partners' Beyond Disease Management program, page 8, the physicians of Advocate Physician Partners provide ongoing educational outreach to their patients. In addition, physicians attend training sessions on the importance of screening for depression in these high-risk groups and on related evidence-based management of depression. Advocate Physician Partners provides protocols and patient questionnaires for use in the physician's office that support the diagnosis and treatment of major depression. The screening tools used by Advocate Physician Partners are proven to be 96 percent effective in diagnosing patients with depression.

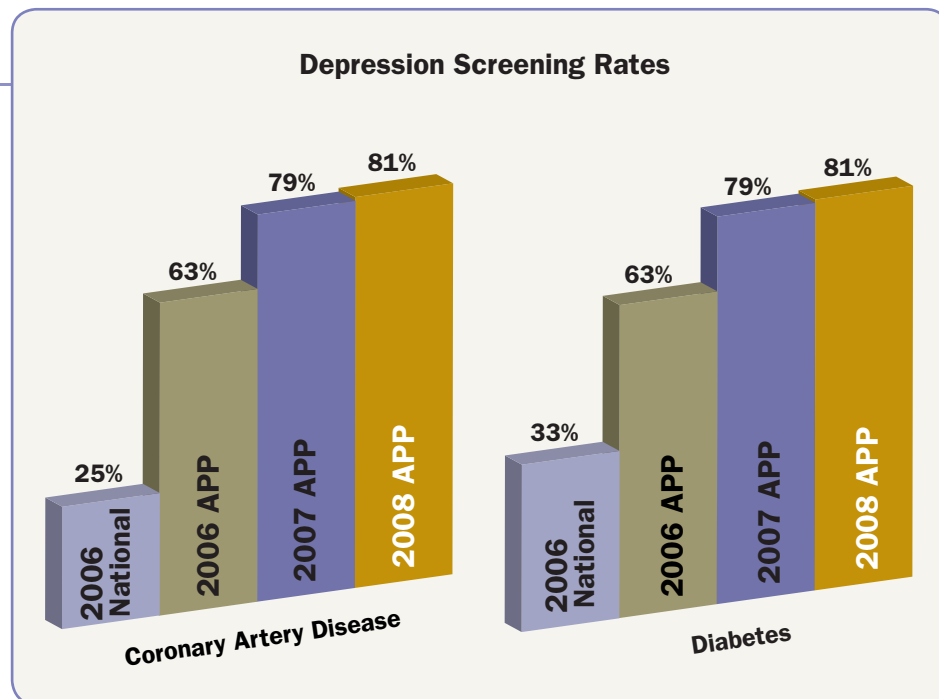


Table 1. Identification Rate for Depression in Coronary Artery Disease and Diabetes^{9,10}

ADVOCATE PHYSICIAN PARTNERS METRICS/ RESULTS

In 2008, the physicians of Advocate Physician Partners provided depression screening to 81 percent of diabetic and cardiac patients, well above the national rates of 33 and 25 percent respectively.

Advocate Physician Partners **IMPACT** *on Quality and Cost*

Advocate Physician Partners' depression screening and subsequent treatment in patients with diabetes or those who had a cardiac event, resulted in more than an additional \$4.9 million in direct and indirect savings over the standard practice. In addition, employers saved more than 4,700 lost work days.

Asthma Outcomes



Asthma is a chronic, inflammatory lung disease characterized by recurrent breathing problems, usually triggered by allergens. Other triggers may include infection, exercise and exposure to cold air.

Economic and mEdical impact

- ▲ In 2006, an estimated 22.9 million Americans were affected by asthma¹—an increase of 2.4 million since 2004.²
- ▲ Asthma burdens our nation with an annual economic cost of \$14.7 billion in direct health care costs. Indirect costs (lost productivity) add another \$5 billion, for a total of \$19.7 billion. Prescription drugs represented the largest single direct medical expenditure for the care of asthma at \$6.2 billion.¹
- ▲ In Illinois, 1.4 million residents, or 11 percent of the population, have ever been diagnosed with asthma.³
- ▲ In 2006, there were a reported 20,193 hospitalizations for asthma-related illness in Illinois, with total costs exceeding \$268 million.³
- ▲ From the employer's perspective, the average annual total medical cost of an employee with persistent asthma (\$8,033) was higher than that of a non-asthma employee (\$4,491). In addition, the indirect cost of an employee with persistent asthma exceeded that of the non-asthmatic by \$924 annually.⁴

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

Recent studies have demonstrated that patient education is directly related to a reduction in the number of asthma-related hospitalizations, emergency room visits, and lost school and work days. They have also showed that 8.2 days of productivity per patient per year were saved.⁵

Asthma management includes educating patients about their disease including how to avoid known allergens and other asthma-inducing factors, early recognition of an impending asthma attack, and the proper use of asthma medications. A recent evaluation by a major insurance company demonstrated that members who had received at least three asthma action plans in a five-year period had substantially fewer asthma ER visits and inpatient admissions than members who received 0-2 asthma action plans during the same time period.⁶

ADVOCATE PHYSICIAN PARTNERS OBJECTIVE AND INTERVENTIONS

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

The Asthma Outcome initiative is a comprehensive management program that supports both the physician and patient in achieving better control of asthma. In the physician office setting, and complementing the numerous Beyond Disease Management program efforts, page 8, Advocate Physician Partners physicians provide asthmatic patients with an Asthma Action Plan (AAP). The AAP is designed to support the patient with maintenance of the disease at home and includes key asthma education considerations. In some cases, patients may be prescribed a controller medication as determined by use of the National Heart, Lung and Blood Institute standards. Additionally, if the patient has been identified as a smoker, smoking cessation counseling is provided.

Patients seen in the inpatient setting are educated by certified asthma coordinators who train them on asthma self-management and provide referrals for ongoing outpatient care needs.

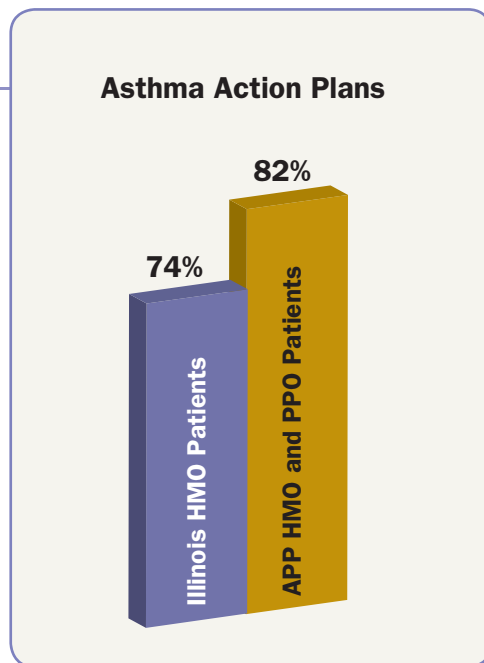


Table 1. Asthma Action Plans⁷

ADVOCATE PHYSICIAN PARTNERS METRICS/RESULTS

Advocate Physician Partners successfully implemented annual Asthma Action Plans in 82 percent of asthmatic patients. This represents a rate nearly eight percentage points higher than the Chicago-area average for annual administration of Asthma Action Plans in HMO patients.

Advocate Physician Partners **IMPACT** *on Quality and Cost*

Advocate Physician Partners' comprehensive Asthma Management Program resulted in additional direct and indirect medical cost savings of \$2.1 million above Chicago-area averages. The initiative resulted in an estimated additional 3,173 days saved annually from absenteeism and lost productivity.

Diabetic Care Outcomes



Diabetes is a condition characterized by hyperglycemia, resulting from the body's inability to use blood glucose for energy. In Type 1 Diabetes, the pancreas no longer makes insulin and therefore blood glucose cannot enter the cells for use as energy. In Type 2 Diabetes, either the pancreas does not make enough insulin or the body is unable to use insulin correctly.

Economic and mEdical impact

- ▲ Diabetes now affects nearly 24 million people—approximately eight percent of the U.S. population—an increase of more than three million in approximately two years. In addition to the 24 million with diabetes, another 57 million people are estimated to have pre-diabetes, a condition that puts people at increased risk for diabetes.¹
- ▲ In 2007 the total annual economic cost of diabetes in medical expenditures and lost productivity was estimated to be \$174 billion, an increase of 32 percent since 2002.²
- ▲ One out of every ten health care dollars is attributed to treating diabetes.²
- ▲ Diabetes accounts for 15 million absent work days, 120 million work days with reduced performance, 6 million reduced productivity days for those not in the workplace, and an additional 107 million work days lost due to unemployment disability attributed to diabetes.²

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

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

Aggressive monitoring and control of blood glucose (hemoglobin A1c) can reduce or prevent complications. Every percentage point decrease in the A1c level reduces the risk of developing eye, nerve and kidney disease by 40 percent.³ Reducing complications results in life improvement and lowers the cost of medical care. A one percentage point drop can result in an extra five years of life, eight years of vision and six years without kidney disease.⁴ In addition, studies have shown that a one percentage point difference in A1c levels leads to a difference in medical costs ranging from \$1,200 to \$4,100 per diabetic patient.⁵ This is an example of how improvements in just one measure can have a tremendous effect on patient outcomes and potential complications.

The chart at right (Table 1) illustrates some additional benefits of treating diabetes for each Advocate Physician Partners' targeted measure. In addition to those listed, in 2009, physicians will be evaluating Body Mass Index for diabetic patients.

Strategy	Benefit
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 diseases events; 43 percent reduction in mortality rate
Smoking Cessation	16 percent quitting rate
Annual Screening for Microalbuminuria	Reduction of 50 percent in nephropathy using ACE inhibitors for identi. ed 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 disease
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 Complications⁶

ADVOCATE PHYSICIAN PARTNERS METRICS/RESULTS

For the fifth consecutive year, Advocate Physician Partners has increased the goals for improvement related to the measures for diabetes control. Despite the increases, Advocate Physician Partners exceeded targets and performed well above national averages in seven of the eight comparable measures (Table 2). This accomplishment is even more impressive when considering Advocate Physician Partners' results include both HMO and PPO patients. In the experience of Advocate Physician Partners and other health care organizations, HMO patients typically have better results on these measures than the PPO patients, thought to be due to the benefit plan design and the medical home aspects of HMO products.

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.

Through Advocate Physician Partners' Beyond Disease Management program, page 8, physicians are encouraged to provide ongoing educational outreach to patients. In addition, the physicians and their staff participate in three innovative diabetic programs designed to re-engineer the physician office and provide support services to supplement the services received in the physician office. Details on the Diabetic Collaborative, Diabetic Specialty Clinic and Patient Coaching programs are listed on page 9.

Measure	Nat'l HMO 2007 Results (%)	APP HMO & PPO 2008 Results (%)	Variance
HbA1C Testing	88.1	90.0	1.9 ↑
Poor HbA1c Control >9 (lower is better)	29.4	21.3	8.1 ↑
Good HbA1c Control <7	—	47.7	— →
Eye Exams	55.1	53.2	(1.9) ↓
LDL-C Screening	83.9	87.3	3.4 ↑
LDL-C Control (<100)	43.8	52.6	8.8 ↑
Monitoring Nephropathy	80.6	81.9	1.3 ↑
Blood Pressure Control (<130/80)	32.1	39.8	7.7 ↑
Blood Pressure Control (<140/90)	63.9	70.9	7.0 ↑

Table 2. Diabetes Care Measure Comparative⁴

Bold: In five areas, Advocate Physician Partners met or exceeded the highest regional performance reported by NCQA.

Advocate Physician Partners **IMPACT** *on Quality and Cost*

Advocate Physician Partners' Diabetes Care initiative resulted in an additional 5,700 years of life. In addition, the initiative resulted in an additional 9,000 years of sight and 6,800 years free from kidney disease.

Using just one of the 12 measures (hemoglobin A1c), Advocate Physicians Partners saved an additional \$825,000 for the employers and health plans in the Chicago area above the community performance level.*

*1995 cost data adjusted for inflation

Coronary Artery Disease and Congestive Heart Failure Outcomes



Coronary Artery Disease (CAD) is a build-up of fatty deposits on the walls of the coronary arteries that causes narrowing of the artery, reduction of blood flow and blockage caused by clotting. Common complications of CAD are heart attack and stroke. **Congestive Heart Failure (CHF)** is a condition where the heart muscle weakens and cannot pump blood efficiently throughout the body. **Myocardial Infarction (MI)**—commonly known as a heart attack—is the death of heart muscle from the sudden blockage of a coronary artery by a blood clot.

Economic and mEdical impact

- ▲ An estimated 80 million Americans—approximately one in three—have one or more types of cardiovascular disease resulting in high blood pressure, stroke, coronary heart disease and heart failure.¹
- ▲ The estimated direct and indirect cost of cardiovascular disease for 2009 will approach \$500 billion. This includes direct and indirect costs of \$304.6 billion for heart disease, \$165.4 billion for CHD, \$68.9 billion for stroke, \$73.4 billion for hypertensive disease, and \$37.2 billion for heart failure.¹
- ▲ In 2006, health care spending and lost worker productivity from the burden of cardiovascular disease amounted to nearly \$400 billion.²
- ▲ Coronary artery disease is the number one killer in the United States, claiming as many as 450,000 lives annually.² Approximately every 25 seconds, an American will suffer a coronary event, and approximately every minute, someone will die from one.¹
- ▲ After age 40, the lifetime risk of developing coronary heart disease is 49 percent in men and 32 percent in women.¹

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

Early detection and improved management of risk factors—before complications develop—can dramatically reduce the incidence of and costs associated with heart disease and improve the length and quality of life for patients with CAD and CHF.

- ▲ Using ACE inhibitors in CHF patients has been shown to reduce the relative risk of mortality and hospitalizations by 30 percent.³ Similarly, use of ACE inhibitors following a heart attack reduces the risk of mortality to 33 percent.⁴
- ▲ When patients with CHF are treated with ACE inhibitors, there is a corresponding estimated savings of \$2,397 per patient.⁵
- ▲ Prescribing beta-blocker medications following a heart attack reduces the re-occurrence rate by 27 percent and risk of CAD-related death by 22 percent.⁶
- ▲ Simple administration of anti-platelet therapy such as aspirin reduces the absolute risk of death following a heart attack by 36 lives per 1,000 patients treated over two years.⁷ The avoided costs of hospitalization for these patients is estimated to be between \$17,452 and \$19,689.⁸

ADVOCATE PHYSICIAN PARTNERS OBJECTIVE AND INTERVENTIONS

Advocate Physician Partners is committed to reducing risk factors for patients with early stage cardiovascular disease. Through the cardiac clinical initiatives, physicians are encouraged to regularly use beta-blockers, ACE inhibitors and aspirin for eligible patients.

Advocate Physician Partners has taken substantial steps to educate physicians on state-of-the-art management of CHF and CAD. Additionally, through the use of patient registries, physicians were reminded of smoking cessation counseling and cholesterol screening needs. In 2008, the program was expanded to include blood pressure management. In 2009, the program will be further expanded to include evaluation of Body Mass Index.

Patient outreach efforts are achieved through an outbound patient call center operated as part of Advocate Physician Partners' Beyond Disease Management program, page 8.

ADVOCATE PHYSICIAN PARTNERS METRICS/ RESULTS

Advocate Physician Partners significantly exceeded national standards for the administration of cardiac medications for patients diagnosed with CAD, CHF or who experienced a heart attack. Table 1 illustrates these impressive results.

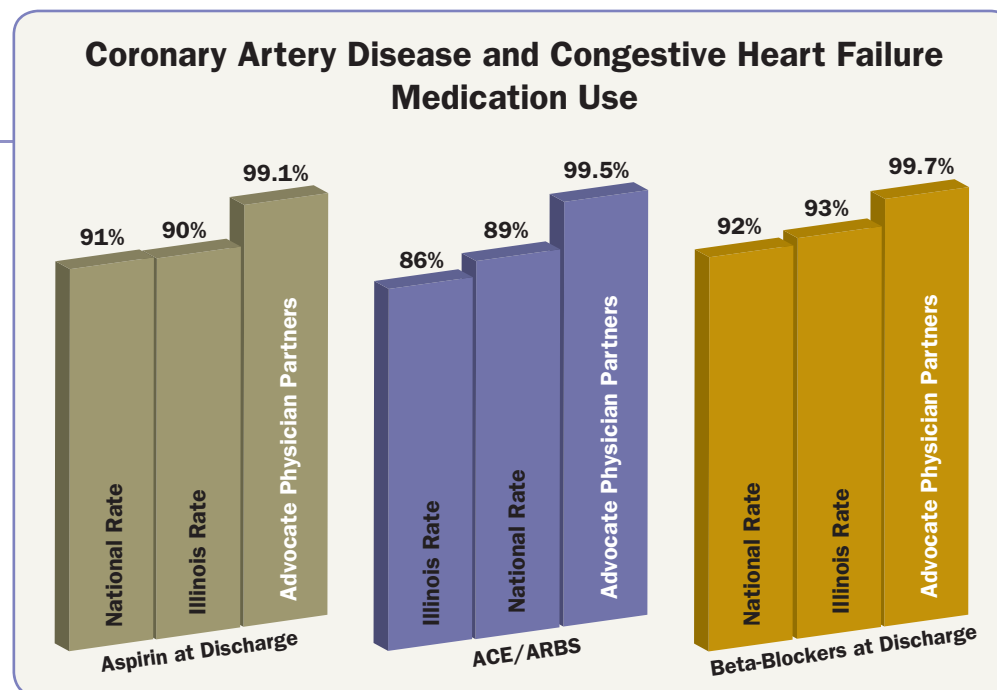


Table 1. Coronary Artery Disease and Congestive Heart Failure ⁹

Advocate Physician Partners **IMPACT** *on Quality and Cost*

Advocate Physician Partners' Cardiac initiative resulted in improvements exceeding state and national benchmarks in all three areas of medication treatment. Improvements ranged from five to nine percentage points above the averages.

Childhood Immunization Initiative



Immunizations shots, or vaccinations, are used to help prevent disease. Immunization vaccines contain germs that have been killed or weakened. When given to healthy persons, the vaccine triggers the immune system to respond and build antibodies to the disease.

Economic and mEdical impact

- ▲ In 2007, almost one quarter of children age two to three lacked one or more recommended vaccinations.^{1,2}
- ▲ Without routine vaccination, direct and societal costs of Combination 2 diseases would be \$12.3 billion and \$46.6 billion, respectively.³
- ▲ A recent analysis of 30 clinical preventive services ranked routine childhood immunization first on the basis of the more preventable burden of disease and the cost effectiveness of the intervention.⁴

ADVOCATE PHYSICIAN PARTNERS CASE FOR IMPROVEMENT

Immunization is one of the safest and most effective ways to protect children from a variety of potentially serious diseases. The effectiveness of immunizations, however, is diminished if children do not receive their vaccinations according to recommended schedules. A 2007 NCQA report, reflecting results for organizations that voluntarily reported to it, found that only 80.8 percent of children received the Combination 2 recommended immunizations schedule and only 75.5 percent received the vaccines recommended in Combination 3.¹

A primary driver of this non-compliance for children under age 2 is parents simply not knowing whether or when immunizations are due and physicians not having timely feedback about compliance status. Family health concerns are also a contributing factor.

Combination 2	Combination 3	# Immuniz. Req
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 vaccine	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 members 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 recommendations 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.

ADVOCATE PHYSICIAN PARTNERS METRICS/RESULTS

In 2008, Advocate Physician Partners physicians achieved an 80 percent compliance rate in administering Combination 3 immunizations to children by their second birthday. This compares favorably to the NCQA benchmark of 75.5 percent.

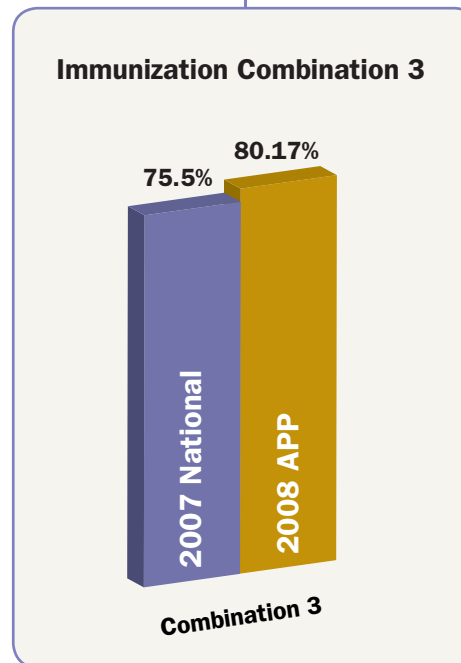


Table 2. Combination 3 Rates¹

Advocate Physician Partners **IMPACT** *on Quality and Cost*

Advocate Physician Partners' Combination 3 immunization rate is six percent above the 2008 national norm for HMOs nationwide.

Additional Clinical Integration Initiatives

The following are summarized results for the remaining 2008 Advocate Physician Partners' Clinical Integration Initiatives. Please refer to the Advocate Physician Partners' website at www.advocatehealth.com/app to obtain additional information about these initiatives.

BOARD CERTIFICATION

Objective: This new initiative in 2008 encourages physicians to obtain and retain board certification to help ensure the member physician has met ongoing continuing medical education requirements and to assist physicians in acquiring the latest information on mainstream health care trends and clinical treatment developments. This initiative also addresses the requirement of some insurance companies that physicians be board certified.

Outcome: In 2008, the first year of this initiative, more than 93 percent of physician members were board certified in their specialty area.

CANCER CARE IMPROVEMENT

Objective: To encourage Advocate Physician Partners oncologists to participate in a state-of-the-art quality improvement program for the care of cancer patients. The American Society of Clinical Oncology (ASCO) is the world's leading professional organization representing physicians who treat people with cancer and is committed to advancing the education of oncologists and other oncology professionals.

Outcome: In 2008, 53 percent of Advocate Physician Partners oncologists participated in the ASCO Quality Oncology Practice Initiative (QOPI).

EFFECTIVE USE OF HOSPITAL RESOURCES

Objective: To improve hospital efficiencies including reducing the patient length of stay. Advocate Physician Partners measures and communicates the results of inpatient hospital resource consumption, including comparison of physicians' performance to others in their peer group as well as to industry norms, thereby creating awareness and motivation to improve.

Outcome: In 2008, the average commercial length of stay for patients of Advocate Physician Partners physicians was 3.43. This compares favorably to the regional average of 3.73.¹

CLINICAL LABORATORY STANDARDIZATION

Objective: Using a single clinical laboratory as the primary source for performing laboratory services promotes efficiency and decreases the costs of medical care. Advocate Physician Partners encourages physicians to use a common lab to minimize duplication of testing, accommodate sharing of results electronically across sites of care and streamline the administrative process for providing quality improvement and operating disease management programs.

Outcome: In 2008, more than 90 percent of Advocate Physician Partners physicians used the preferred clinical laboratory for patients enrolled in managed care plans.

Over 92 percent of Advocate Physician Partners physicians are board certified in their specialty area.



OBSTETRICS RISK REDUCTION AND POST PARTUM CARE

Objective: Obstetric prenatal care is monitored for the use of consistent assessment and documentation, recommending adherence to standards established by the American College of Obstetrics and Gynecology (ACOG). A timely post partum follow-up reduces complications from deliveries. These programs optimize clinical outcomes and reduce malpractice exposure.

Outcome: In 2008, more than 87 percent of physicians had documentation consistent with ACOG standards and nearly 91 percent of Advocate Physician Partners Obstetricians completed post partum care assessment and documentation standards within the timeframes recommended in the professional literature.

COMMUNITY ACQUIRED PNEUMONIA MANAGEMENT

Objective: To increase the timeliness of antibiotic administration to patients with pneumonia. Studies show that patients presenting at the hospital with pneumonia had improved survival rates if they received antibiotics promptly after admission.¹

Outcome: More than 86 percent of Advocate Physician Partners' patients presenting with pneumonia received the first dose of antibiotics within four hours of hospital admission.

PHYSICIAN EDUCATION ROUNDTABLE MEETINGS

Objective: To educate physicians on the Clinical Integration Program initiatives and evidence-based care. Advocate Physician Partners provides interactive on-line education sessions highlighting key Clinical Integration Program initiatives, clinical guidelines/protocols and patient outreach programs to improve physician performance and outcomes. In addition, in 2009 the initiative will require attendance by physician office managers or staff to further assure integration of these tools and techniques at the practice office.

Outcome: In 2008, more than 84 percent of Advocate Physician Partners physician members attended the Education Roundtable meetings.

HOSPITALIST PROGRAM PARTICIPATION

Objective: To encourage the use of hospitalists since studies have shown that the utilization of hospitalists reduces inpatient length of stay and cost per case, and improves patient safety.^{1,2}

Outcome: In 2008, more than 83 percent of Advocate Physician Partners primary care physicians used a hospitalist or performed at an equivalent level of inpatient utilization.



In 2008, more than 83 percent of Advocate Physician Partners primary care physicians used a hospitalist or performed at an equivalent level of inpatient utilization.

Additional Clinical Integration Initiatives

More than 97 percent of Advocate Physician Partners physician members used the appropriate pharmacological intervention and/or intermittent pneumatic compression device on their medical-surgical patients.



OPHTHALMOLOGY CARE—CATARACTS

Objective: To increase the likelihood of achieving the appropriate pre-operative vision targets, Advocate Physician Partners ophthalmologists perform testing and evaluations prior to cataract surgery utilizing nationally recognized guidelines.

Outcome: In 2008, more than 95 percent of Advocate Physician Partners ophthalmologists assessed and documented visual functioning prior to cataract surgery.

OPHTHALMOLOGY CARE—DIABETIC RETINOPATHY

Objective: To document the level of severity of retinopathy and the presence or absence of macular edema for the purpose of assisting with the ongoing plan of care for a patient with diabetic retinopathy. Timely communication to the patient's managing physician of the occurrence of an office visit and eye examination is important to ensure continuity of care.

Outcome: In 2008, more than 87 percent of Advocate Physician Partners ophthalmologists documented completion of an eye exam and nearly 82 percent communicated the results back to the primary care physician, an increase of 10 and 12 percent respectively over 2007.

PATIENT SATISFACTION

Objective: Improved patient experience reflects higher quality care and improves patient compliance with key initiatives, leads to more satisfied staff, fewer preventable medical mistakes, fewer malpractice lawsuits and economic savings.

Outcome: In 2008, Advocate Physician Partners physicians participated in the measurement of patient satisfaction for specialty care in three care settings: inpatient, physician office and emergency room. In the second year of the initiative, patient satisfaction continues to improve in all areas.

PREVENTING DEEP VEIN THROMBOPHLEBITIS (DVT) AND PULMONARY EMBOLISM (PE)

Objective: To encourage the use of appropriate protocols and medications that can reduce the risk of preventable blood clots in the legs and lungs.

Outcome: More than 97 percent of Advocate Physician Partners physician members used the appropriate pharmacological intervention and/or intermittent pneumatic compression device on their medical-surgical patients.

PHARMACEUTICAL STATIN (CHOLESTEROL LOWERING MEDICATIONS) USE

Objective: To increase the use of appropriate generic statin medications which are projected to be significant drivers of pharmaceutical spending growth between 2007 and 2009. Use of generic lipid medications will result in savings to employers, payers and consumers.

Outcome: In 2008, nearly 67 percent of patients of Advocate Physician Partners physicians needing a statin received generic statins, representing an increase of 19 percent over 2007 levels.

SURGICAL CARE IMPROVEMENT

Objective: To prevent post operative infections by the timely administration and discontinuation of prophylactic antibiotics in the course of surgical treatment. Appropriate antibiotic utilization has been shown to reduce the risk of infection and complications from surgery.

Outcome: 97 percent of Advocate Physician Partners physicians administered prophylactic antibiotics for surgical patients according to the protocols adopted from the literature on evidence-based best practices for reducing surgical infections.

ADDITIONAL INNOVATIVE PATIENT SAFETY INITIATIVES: PATIENT SAFETY COMMUNICATION

Objective: In 2008, Advocate Physician Partners included an additional cluster of measures to optimize communications. This cluster of measures encourages communications between the specialist and primary care physician as well as between the physician and patient.

Outcome: 93 percent of Advocate Physician Partners specialists provided and documented appropriate communication to referring physicians. This established an important baseline and a foundation upon which future communication improvement efforts will be developed.

OFFICE PATIENT SAFETY ASSESSMENT

Objective: To extend Advocate Physician Partners' focus on patient safety to the outpatient setting, physicians are encouraged to meet the standards set by the Massachusetts Medical Society, a recognized leader in assessing patient safety.

Outcome: In 2008, the first year of the initiative, more than 92 percent of Advocate Physician Partners physicians met the patient safety standards.



Patient Safety Communication encourages communications between the specialist and primary care physician as well as between the physician and patient to improve patient safety and compliance.



THE 2009 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 retire, add or 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 2009 Clinical Integration Program's 37 key initiatives and their areas of impact.

2009 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTRUCTURE	PATIENT SAFETY	PATIENT SATISFACTION
1 Acute Myocardial Infarction	✓	✓			
2 APP-Wide Cost Index		✓			
3 Asthma Outcomes	✓	✓	✓		
4 Board Certification	✓		✓	✓	✓
5 Cancer Care Improvement	✓	✓	✓	✓	✓
6 Childhood Immunization Initiative	✓	✓			
7 Clinical Laboratory Standardization	✓	✓	✓		
8 Communication: Specialists to Primary Care MDs	✓	✓		✓	✓
9 Community Acquired Pneumonia Management	✓	✓			
10 Connectivity: CareNet/CareConnection Usage	✓	✓	✓	✓	
11 Congestive Heart Failure Outcomes	✓	✓			
12 Coronary Artery Disease	✓	✓			
13 Computerized Physician Order Entry (CPOE)	✓	✓	✓	✓	
14 Depression Screening for the Chronically Ill	✓	✓			
15 Diabetic Care Outcomes	✓	✓	✓		

2008 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTRUCTURE	PATIENT SAFETY	PATIENT SATISFACTION
16 Effective Use of Hospital Resources		✓			
17 Generic Prescribing Initiative	✓	✓			✓
18 HMO Quality Study Results	✓	✓	✓		
19 Hospitalist Program—Effective Handoff	✓	✓		✓	✓
20 Hospitalist Program Participation	✓	✓		✓	
21 Obstetrics: Post Partum Care	✓				✓
22 Obstetrics: Post Partum Depression	✓	✓			
23 Ophthalmology Care: Cataracts	✓				
24 Ophthalmology Care: Diabetic Retinopathy	✓	✓	✓		
25 Osteoporosis Screening	✓	✓			
26 Patient Registry Usage	✓	✓	✓		
27 Patient Safety Office Assessment	✓	✓		✓	
28 Patient Satisfaction	✓				✓
29 Peer Satisfaction	✓	✓		✓	✓
30 Pharmaceutical: Generic Proton Pump Inhibitor Use	✓	✓			
31 Pharmaceutical: Generic Statin Use	✓	✓			
32 Physician Education Roundtable Meetings	✓	✓	✓	✓	✓
33 Radiology Turnaround Times	✓		✓	✓	✓
34 Smoking Cessation Education: Inpatient	✓	✓			
35 Smoking Cessation Education: Outpatient—Adult	✓	✓	✓		
36 Smoking Cessation Education: Outpatient—Children	✓	✓	✓		
37 Surgical Care Improvement	✓	✓		✓	



The Program initiatives are centered on five key result areas driving clinical outcomes and cost savings.

Professional and Community Recognition

Advocate Physician Partners is continually recognized for leadership in clinical excellence, use of advanced technologies and demonstrated improvements in patient safety.



In 2008, Advocate Physician Partners and Advocate Health Care were recognized by a number of professional and community organizations for their leadership in clinical excellence, use of advanced technologies and demonstrated improvements in patient safety.

FOR CLINICAL EXCELLENCE AS A HEALTH CARE SYSTEM

- ▲ Advocate Physician Partners achieved results in the highest percentile for utilization management standards from HMOI, Humana and UniCare.
- ▲ Advocate Health Care is the largest trauma network in the state of Illinois and trains more primary care physicians than any non-university teaching hospital in the state.
- ▲ Sixty-six Advocate physicians were named to the “Top Doc” list published by *Chicago* magazine.
- ▲ Advocate ranked 7th on the 2008 InformationWeek 500 top 10 most innovative U.S.-based businesses using information technology to deliver business value.

AS AN EMPLOYER

- ▲ Advocate Health Care is the second largest private sector employer in metropolitan Chicago with 27,000 associates and was named among the state’s “Best Places to Work in Illinois.”
- ▲ Advocate Health Care has been awarded the American Heart Association Fit Friendly Company Gold Award for 2008.

AS A GOOD CITIZEN IN THE COMMUNITY

- ▲ Advocate provided more than \$344 million in charitable care and services during 2007 to the many communities it serves throughout Chicagoland.
- ▲ For the fourth consecutive year, Advocate Health Care has been named the Distinguished Healthcare Partner for the 2008 Metro Chicago Heart Walk. Advocate Health Care remained the top fundraiser in Metro Chicago and the top health care fundraiser in the nation.

Acknowledgements

Advocate Physician Partners gratefully acknowledges the support of the many health plans, regulatory organizations, leadership groups, employers and benefit consultants for their interest in, support of 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 3,200 physician members of Advocate Physician Partners for their commitment to leadership and 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 organization serving the Chicago metropolitan area.

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