Reporting the 2007 Clinical Integration Results

The 2008 Value Report

Benefits from Clinical Integration

Letter from the President

I am pleased to present the 2008 Value Report sharing the successes of Advocate Physician Partners' Clinical Integration Program in 2007. As the 2nd largest private sector employer in Illinois, Advocate Health Care shares in the challenges facing employers throughout Chicago communities. Advocate Physician Partners understands that transparency around health care services and outcomes, as well as appropriately designed pay-for-performance incentives, are two of the predominant emerging strategies that payers, employers and industry leaders are adopting in response to the continued rising costs of health care services. This 2008 Value Report makes transparent the outcomes of the 2007 Clinical Integration Program. The Program unites the efforts of more than 2,900 Chicago area physicians with the eight Advocate hospitals, and focuses on clinical initiatives designed to save lives, reduce medical errors and decrease your direct and indirect medical costs.

By assuring Advocate Physician Partners physicians are included in your health plan, you can remain confident that your plan enrollees will benefit from this unparalleled, nationally recognized level of care.

This year's Value Report is designed to highlight some of the more significant accomplishments of the Clinical Integration Program in 2007. Please visit the Advocate Physician Partners website at www.advocatehealth.com/app for further details on the design and the results achieved through the Program. We have also added to our website a wealth of educational information on cardiac care, asthma, diabetes and other chronic illnesses for you to share with your employees.

Advocate Physician Partners appreciates the strong support it has received for its Clinical Integration Program over the past several years. This continued support, coupled with Advocate Physician Partners' drive for ongoing improvement, allows the organization to further innovate and develop its technology and human infrastructure and deliver additional improvements in the future. Advocate Physician Partners welcomes the opportunity to discuss its Clinical Integration Program and the new innovations it is contemplating with payers, benefits consultants, business coalitions and professional organizations, employers and other thought leaders in the industry.

Sincerely,

Lee Sacks, MD
President

Advocate Physician Partners' award-winning clinically integrated approach to patient care utilizes best practices in evidence-based medicine, advanced technology and quality improvement techniques.

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Executive Summary

Advocate Physician Partners' Clinical Integration Program is a collaborative effort by more than 2,900 physicians and the eight Advocate hospitals to drive targeted improvements in health care quality and efficiency through our relationships with every major health insurance plan offered in the Chicago metropolitan area, thus uniting payers, employers, patients and physicians in a single program to improve outcomes.

For years, Advocate Physician Partners' Clinical Integration Program has set the standard for innovative health care through its application of evidence-based medicine, clinical best practices and recognized quality-enhancing technologies. By aligning physician and hospital efforts, the Program is able to drive improvements in clinical performance that promote better, more cost-effective care, save lives and reduce lost work days.

In 2007, the Clinical Integration Program included 31 initiatives derived from the work of industry leaders such as the Institute of Medicine of the National Academy of Sciences, the National Committee for Quality Assurance, the National Quality Forum, the Leapfrog Group for Patient Safety, the U.S. Department of Health and Human Services and The Joint Commission.

Advocate Physician Partners' clinical initiatives and technological advances constitute a clinically integrated model of care that produces substantial cost savings and improved quality. This Report highlights the results of the 2007 initiatives, some of which include:

- Physicians participating in the Program increased the use of generic drugs by 4 percent, resulting in savings of more than $6 million for the payers, employers and patients served by Advocate Physician Partners.
- Advocate Physician Partners' asthma management program resulted in direct and indirect annual medical cost savings of approximately $1.9 million compared to Chicago-area averages and resulted in an estimated additional 4,075 days saved annually from the avoidance of absenteeism and lost productivity.
- Advocate Physician Partners' Smoking Cessation initiative resulted in an additional 1,380 patients quitting smoking over and above the national quit rate. Using 1999 medical costs, the initiative resulted in total annual savings of $6 million and saved Chicago-area employers an additional estimated 7,814 working days of lost productivity annually.
- The Depression Screening initiative, and subsequent treatment for patients with diabetes or who had a cardiac event, resulted in an additional $3.2 million in direct and indirect savings.
- Advocate Physician Partners' Coronary Artery Disease and Congestive Heart Failure initiatives resulted in 65 saved lives and 158 avoided days of hospitalization, over and above the national norms.

Advocate Physician Partners' clinical initiatives and technological advances constitute a clinically integrated model of care that produces substantial cost savings and improved quality.

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Advocate Physician Partners

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Coming Soon!
Registration information for Advocate Physician Partners Clinical Integration Seminar, June 25, 2008.

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Web development by Imaginary Landscape

Please visit the Advocate Physician Partners' website at www.advocatehealth.com/app for further information on the Clinical Integration Program and for access to complimentary wellness education resources for your employees.

The Pay-for-Performance Philosophy

A critical component of Advocate Physician Partners' Clinical Integration Program is its pay-for-performance incentive system. In industries other than healthcare, 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 2007 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.

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.

Advocate Physician Partners' financial incentive system links hospitals and physicians to increase the level of collaboration and degree of coordination of care.

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.

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Beyond Disease Management

A recent study confirms an increase in the incidence rate of chronic conditions among working Americans. In 2003, three of every 10 American workers reported having a chronic condition such as diabetes, arthritis, cancer or heart disease, amongst others.[1] As illustrated in Table 1, employers incur approximately $260 billion dollars of costs each year due to lost work days caused by chronic disease conditions.

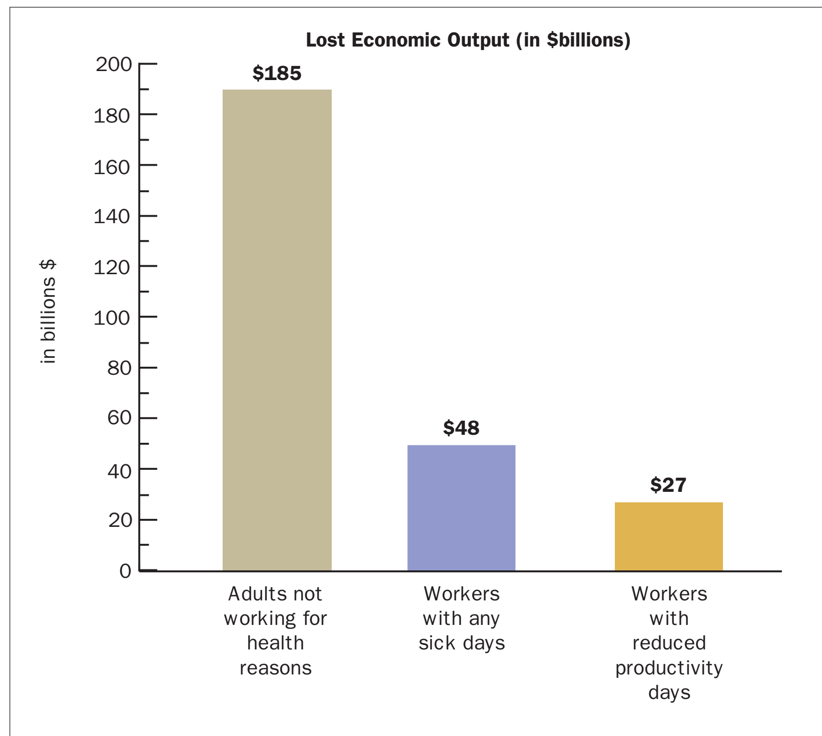


Table 1. Economic Output Due to Health Problems, Adults Ages 19 – 64

Source: Healthy People are the Foundation for a Productive America, Trendwatch: *Amer Hosp Assn* 2007

Employers have recognized and are attempting to address chronic disease issues through disease management programs. These programs typically identify chronic disease patients through claims review, and then attempt to enhance compliance through educational outreach.

Advocate Physician Partners goes beyond typical disease management programs by placing the physician at the center of this effort. Patients with chronic disease conditions are identified through reviews of claims, pharmacy and lab data and entered into Advocate Physician Partners' disease registries available online to its physician members in their offices. Patients then benefit from a comprehensive range of state-of-the-art disease management and treatment approaches, Table 2.

The use of patient outreach efforts customized by their attending physicians, financial incentives, web-based tools for providers and superior outcomes, distinguish Advocate Physician Partners' disease management program as a national model for physicians to enhance care and decrease costs.

The Beyond Disease Management Program is not a separate program. The services are built in to the care eligible patients receive when they access a physician of Advocate Physician Partners.

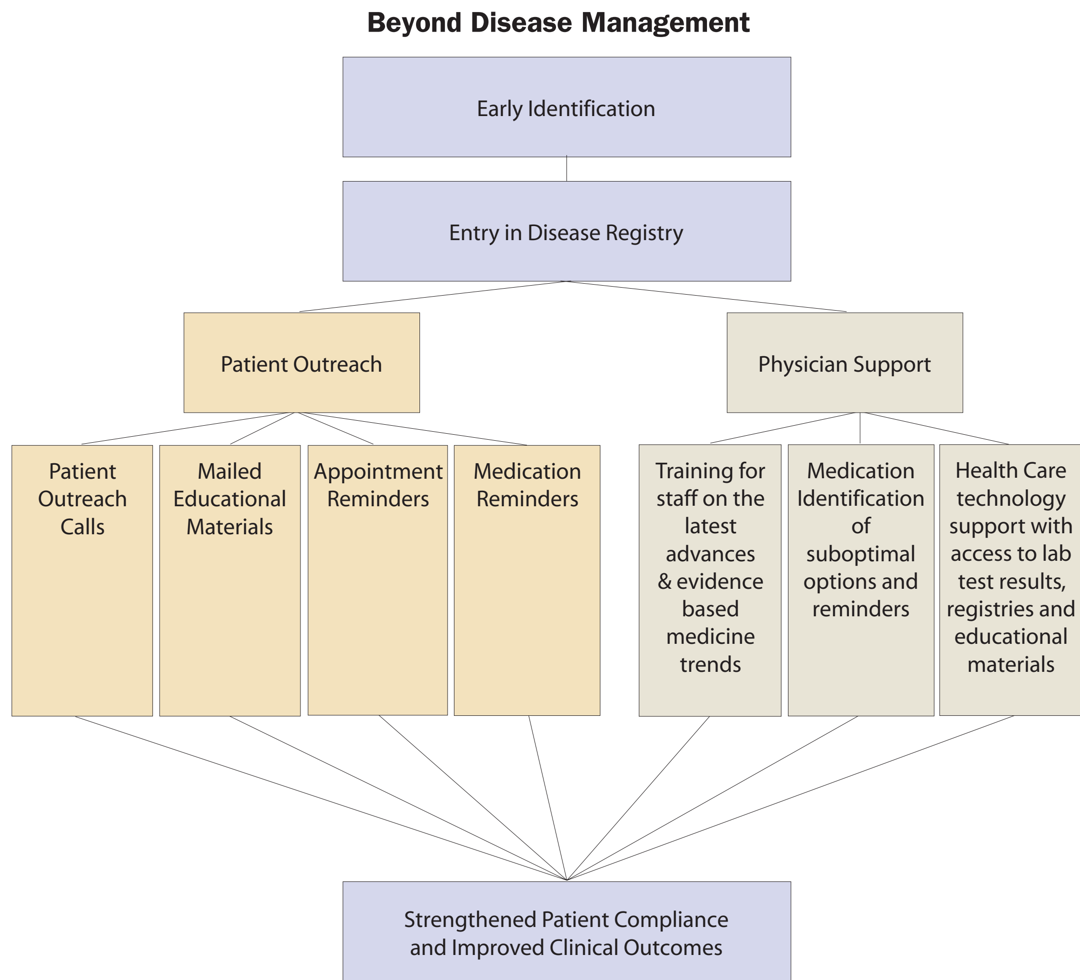


Table 2. Beyond Disease Management

Who Benefits from This Approach?

Advocate Physician Partners Patients
Patients have access to the latest, most effective treatment and disease management strategies—approaches that help keep them healthy and productive, while reducing emergency room visits and avoiding unnecessary hospitalizations.

Employers and Health Plans
Early intervention addresses the chronic disease condition before complications occur which can increase the severity of the condition. These efforts are cost efficient and promote maximum productivity in the workplace.

Advocate Physician Partners Physicians
Support services such as educational materials to the patient and appointment and medication reminders support physician practices by delivering appropriate, timely and current evidence-based approaches to care.

Taking the Lead in Health Care Technology

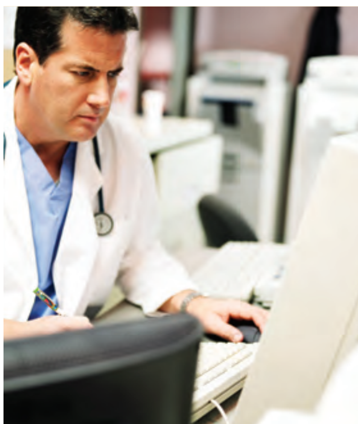
The application of state-of-the-art clinical technologies holds great promise for improving the quality and continuity of care. Yet the health care industry as a whole has been slow to adopt those technologies due to high costs, lack of standardization and the difficulty in becoming proficient at using these new systems. Advocate Physician Partners has accelerated the rate of adoption of these technologies among its member physicians by providing implementation support and financial incentives for doing so. Following are a few examples of Advocate Physician Partners' success with furthering the adoption of clinical technologies.

Electronic Medical Records *(including Computerized Physician Order Entry (CPOE)*

CareNet and CareConnection are clinical data repository and electronic medical record technologies that allow Advocate Physician Partners physicians to access the most current information about their patients within Advocate hospitals, laboratories, outpatient facilities and ambulatory settings. These systems include a state-of-the-art Computerized Physician Order Entry (CPOE) function that studies have shown dramatically improves the safety of hospitalized patients. In 2007, Advocate Health Care completed implementation of a CPOE system at six Advocate hospitals. Of the physicians accessing the technology, eighty-four percent used it proficiently.

High Speed Internet Access in the Office

In 2004, consistent with the prevailing practice, only 22 percent of Advocate Physician Partners physician members had a high speed Internet connection in their offices. Yet such connectivity was deemed critical to the success of the Clinical Integration Program because it quickly and easily provided physicians access to patient disease registries, patient assessment and education tools and other electronic practice supports at the point of care in their offices. In 2005, Advocate Physician Partners made high-speed Internet access a requirement of membership, and assisted physicians with its implementation. The success of Advocate Physician Partners physicians achieving ever higher levels of performance on the Clinical Integration Program measures has been greatly facilitated by this access.



The success of Advocate Physician Partners physicians achieving ever higher levels of performance on the Clinical Integration Program measures has been greatly facilitated by high-speed Internet access.

Electronic Data Interchange (EDI)

Administrative expenses associated with claims submission add unnecessary and avoidable costs to the health care system. Industry research indicates electronic submission of claims can reduce associated administrative costs by as much as 50 percent. In 2005, Advocate Physician Partners began requiring physician members to submit claims for its HMO patients through electronic data interchange (EDI). EDI usage increased from the community average of 30 percent to 100 percent. In 2006, Advocate Physician Partners began providing incentives to physicians who use EDI in their fee-for-service billings to insurance companies. By 2007, 95 percent of Advocate Physician Partners physicians submitted claims to insurance companies via EDI, up from 63 percent in 2006. Industry research estimates that the use of EDI can result in a savings of $3.73 per claim compared to the cost of processing claims manually. This means that each 10 percent increase in EDI submission could save insurance companies approximately $500,000 in administrative costs annually for the patients served by Advocate Physician Partners physicians.

Electronic Intensive Care Unit (eICU®) Usage

In 2007, Advocate Physician Partners physicians participated in the Advocate Health Care eICU® program, which electronically connects the 15 adult intensive care units across all of Advocate's hospitals and enables around-the-clock clinical oversight by intensivist physicians from a central command center. Advocate Physician Partners physicians participate in the eICU® at the highest levels, allowing critical care physicians and staff at the eICU® command center to instantly modify the patient's care plan as the need arises. Since 2004, eICU® usage by Advocate Physician Partners physicians has increased from 59 percent to 96 percent.

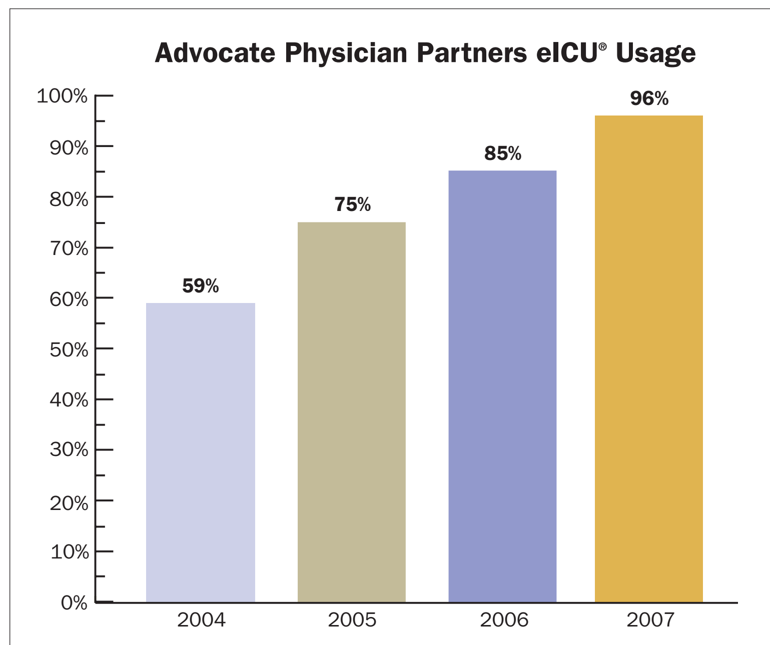


Table 1. Advocate Physician Partners eICU® Usage

Generic Prescribing Initiative

Generic Prescribing

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.

The History

According to an article published by the Kaiser Family Foundation, prescription drug spending is projected to increase from $188.5 billion in 2004 to $446.2 billion in 2015, an increase of 138 percent in an 11-year span. Although prescription drug spending is approximately 10 percent of overall health care spending, it has been one of the fastest growing components, commonly increasing at double-digit rates over the past decade, and is expected to increase to 11 percent of health care spending by 2015.[1]

Three key factors are generally thought to contribute to the spending growth of pharmaceuticals. These include: (1) changes in utilization, (2) changes in cost per prescription and (3) introduction of new medications to the market. A 2006 drug trend report shows 59 percent of the industry's drug cost increases were due to higher prescription costs for those drugs. In addition, 38 percent of the cost increases were due to higher utilization of common drugs. Only 3 percent of the increase was due to an introduction of new medications.[2]

Economic and Medical Impact

- It has been estimated that every 1 percent increase in generic drug use results in nearly one percent point decrease in overall drug spending.[3]
- According to the Congressional Budget Office, use of generic drugs saves consumers an estimated $8 to $10 billion a year.[4]

Advocate Physician Partners Case for Improvement

The rewards of a successful generic drug promotion strategy can be substantial in today's environment. Between 2006 and 2008, drugs with annual revenues totaling over $40 billion are expected to lose patent protection, allowing development of generic substitution, thus creating opportunities for payers and consumers to reap significant cost savings secondary to increasing generic drug utilization.

Generic medications represent one of the most cost-effective interventions in health care. Due to the amount of time generic drugs have been on the market, extensive data is available about the clinical indications and effectiveness in treating patients. In addition, all generics have long-term safety data simply not available for newer, branded medications.

Conversion to the use of generic medications represents one of the most cost-effective interventions in health care.

Advocate Physician Partners Objective

The goal of Advocate Physician Partners is to increase the use of clinically appropriate generic medications in the outpatient setting. Specifically, Advocate Physician Partners established a target generic prescribing rate of 60 percent or better for overall generic utilization for 2007.

To achieve its generic prescribing goals, Advocate Physician Partners employs full-time pharmacists dedicated to tracking the use of non-generic medications and educating its physician members on the use of generic equivalents. These pharmacists organize one-on-one meetings, group discussion and mailings to reach physician members. In addition, in 2007, Advocate Physician Partners piloted a generic voucher program with Walgreens.

Advocate Physician Partners Metrics/Results

In 2007, Advocate Physician Partners physicians increased the use of generic drugs to 60 percent. In 2004, Advocate Physician Partners' generic utilization rate was approximately 47 percent. In the subsequent three years, this rate has improved by 28 percent.

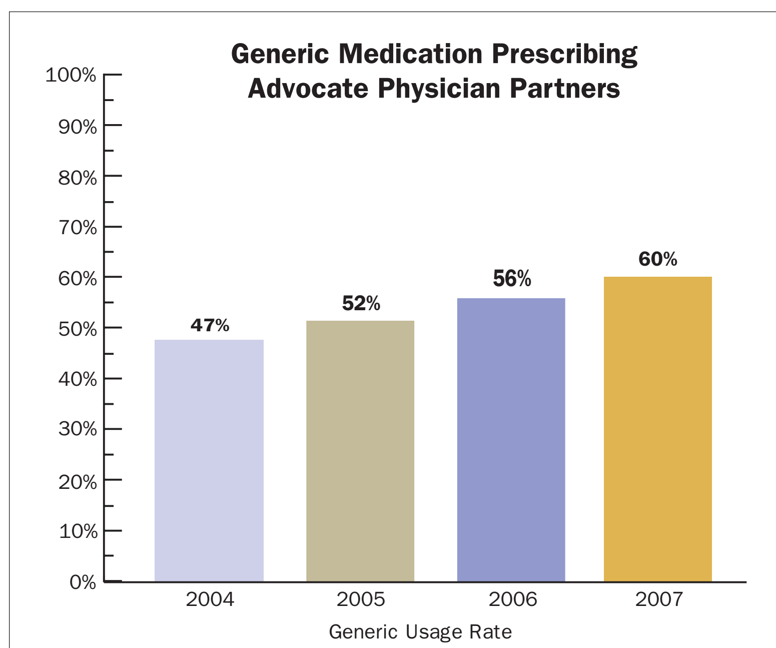


Table 1. Advocate Physician Partners Generic Medication Prescribing

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

Advocate Physician Partners increased use of generic drugs from 2006 to 2007 by 4 percentage points, resulting in incremental annual savings of approximately $6 million. For the four-year period from 2004 to 2007, increased use of generic medications has yielded savings of more than $31 million annually for the payers, employers and patients served by Advocate Physician Partners.

Smoking Cessation Education Program

Definition

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

The History

It is estimated that 45 million, or 21 percent, of US adults smoke,[1] and an estimated 3,000 children and adolescents become regular smokers every day.[2] While 70 percent of smokers say they would like to quit, only 3 to 7 percent can do so on their own because the nicotine found in tobacco products is so highly addictive.[3,4]

Economic and Medical Impact

- Smoking results in $75 billion in health care costs, $92 billion in productivity losses, 438,000 premature deaths and 5.5 million years of potential life lost annually.[5,6]
- In 1999, the excess annual direct and indirect medical costs per smoker compared to non-smokers were $1,623 and $1,760, respectively.[7]
- On average, smokers' lives are cut short by 13.2 and 14.5 years of life for males and females, respectively.[7]
- Smokers average 35 more hours of lost productivity each year (through absenteeism and decreased presenteeism) compared to former smokers.[8]
- Smoking is the leading preventable cause of mortality and morbidity in the US.[9]

Advocate Physician Partners Case for Improvement

Despite the reality that smoking-related deaths are preventable, most clinicians under-perform in helping smokers quit. It is estimated that approximately 70 percent of smokers see a physician at least once in a given year.[9] Recent studies show the rate at which physicians provide smoking cessation counseling to patients varies between 59 and 62 percent.[10,11] Smoking cessation counseling by physicians is effective. It is estimated that smokers' quit rates can be as high as 24 percent with interventions administered by medical professionals.[3] Even brief counseling by a physician has been shown to lead to quit rates of between 4.6 to 15 percent.[12]

The benefits of smoking cessation are demonstrated by the dramatic health benefits noted when workplaces become smoke-free. Currently, only about 69 percent of American workers are covered by a smoke-free policy at work.[13] In the first year of universal smoke-free workplaces reaching a steady state, the accumulated benefits would be as much as $224 million saved in medical costs and prevention of 6,250 myocardial infarctions and 1,270 strokes.[13]

Advocate Physician Partners Objective

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.

Advocate Physician Partners promotes smoking cessation at three levels: the outpatient office, the inpatient setting and through outreach to patients in its disease registries. At the practice level, physicians in the office setting ask patients if they smoke. Once a patient is identified as a smoker, the physician will advise the patient to quit and provide educational materials. Advocate Physician Partners physicians are provided with instructional materials as well as evidence-based practice guidelines on methods of counseling and smoking cessation medication options.

In the inpatient setting at Advocate Health Care hospitals, patients are also asked if they smoke. Once identified, the patient is provided with a packet of information about smoking and advice on how to quit, as well as information on smoking cessation classes offered at the hospital.

Advocate Physician Partners enters patients who have been identified as smokers into a smoking disease registry that is available to physicians online in their offices. This Registry enables physicians to send information and reminders to patients, and follow up on the progress of their smoking cessation efforts.

Finally, Advocate Physician Partners offers financial incentives to physicians who clearly document their efforts to counsel patients to quit smoking.

Advocate Physician Partners Metrics/Results

In 2007, the physicians of Advocate Physician Partners provided smoking cessation education to 89 percent of patients who were current or recent smokers, compared to only 62 percent of patients nationally who receive education. In addition, 99 percent of inpatients who were current or recent smokers were given smoking cessation education by the physicians of Advocate Physician Partners.

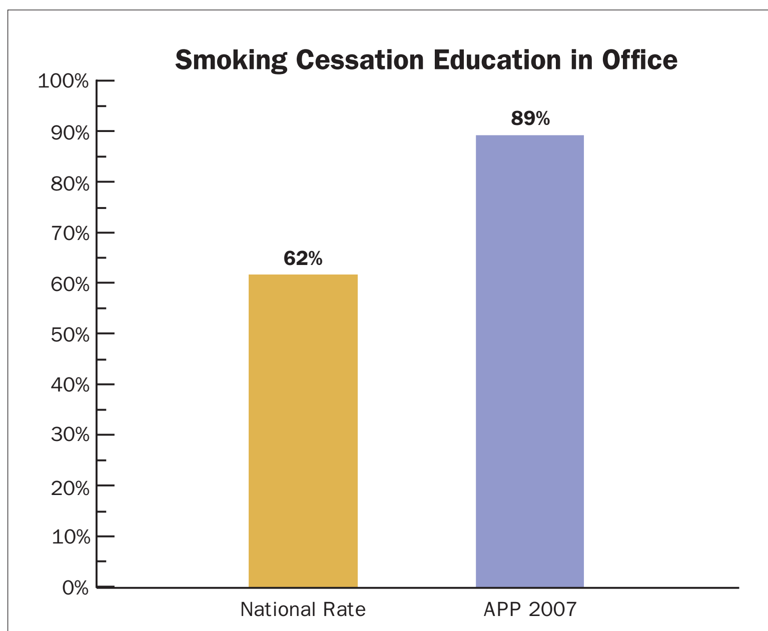


Table 1. Advocate Physician Partners Smoking Cessation Education in Office

Source: Cokkinides V, Ward E, Jemal A, Thun MJ: Under-use of smoking cessation treatments. *Am J Prev Med* 2005

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

In 2007, Advocate Physician Partners' Smoking Cessation initiative resulted in an additional 1,380 patients quitting smoking over and above the national quit rate. Using 1999 medical costs, the initiative resulted in total annual savings of $6 million, comprised of direct medical savings of at least $2.9 million and indirect savings of $3.1 million. The initiative saved Chicago-area employers an additional estimated 7,814 working days of lost productivity annually.

Depression Screening for the Chronically Ill

Definition

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

The History

Depression is a common illness and a major cause of poor compliance with medical care, diminished quality of life and increased absenteeism and reduced "presenteeism." Patients most vulnerable to depression are those with a chronic disease or a major life event such as an illness with life-threatening or life-changing potential. Depression is present in approximately 5 percent of the general population, 10 percent of medical outpatients, 20 percent of patients with coronary artery disease, 30 to 40 percent of outpatients with congestive heart failure and up to 50 percent of patients hospitalized for coronary artery bypass graft surgery or acute coronary syndrome.[1] In addition, in patients with diabetes, 32 percent have moderate to severe symptoms of depression.[2]

Economic and Medical Impact

- Medical bills for patients with depression can be as much as 70 percent higher than those of patients who do not have depression.[3]
- Employees with depression take a mean 9.9 sick days annually, which is greater than the mean for heart disease (7.47) and diabetes (7.17) alone.[4]
- The total direct and indirect costs of depression were $83 billion in 2000. Of this amount, $36 billion was attributed to absenteeism and $15 billion to decreased presenteeism.[4]
- In adults with diabetes who also have depression, direct annual medical costs are $3,500 greater than for those without depression.[5]
- 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.[6]

Advocate Physician Partners Case for Improvement

There is strong evidence that treatment of depression is less expensive than treatment of its long-term effects.[7] Furthermore, treatment can reduce the risk of both recurrent heart attack and all-cause mortality by 43 percent.[8]

The efficacy of treatment for depression has improved greatly in recent years. Industry reports indicate that appropriate drug therapy in combination with psychotherapy is effective in treating up to 90 percent of patients with significant depression.[9] Still, in a large number of patients, this condition goes undetected and untreated.

Studies show that following a heart attack, only 25 percent of patients with depression are diagnosed. Of those, only 50 percent are treated.[10] Similarly, two of every three patients with diabetes and depression do not receive antidepressant medication.[11]

It is cost effective for employers to design benefit plans that include depression screenings. A study using data from the year 2000 estimated the enhanced treatment of depression results in an average net benefit per treated employee of $1,409 in year one and $5,136 in year two, with a return on investment over the two-year period of 302 percent (Table 1).[12]

Benefit per Treated Worker		
	Year 1	Year 2
Absenteeism	$351	$1,299
Productivity	$1,793	$4,190
Benefit Sum	**$2,144**	**$5,489**
Treatment Cost Assumptions	**($735)**	**($353)**
Net Benefit Per Treated Worker	**$1,409**	**$5,136**

Table 1. Incremental Enhanced Depression Treatment Benefits

Source: LoSasso AT, et al: "Modeling the Impact of Enhanced Depression Treatment on Workplace Functioning and Costs: A Cost-Benefit Approach." *Medical Care*

Advocate Physician Partners Objective

Advocate Physician Partners' objective is to increase professional screening for depression so that patients can be appropriately identified and treated. The goal is to provide screening to patients who have either had an acute cardiac event or who have diabetes.

Advocate Physician Partners provided training sessions for physicians on the importance of screening for depression in these high-risk groups and on related evidence-based management of depression. To aid in the diagnosis and treatment of major depression, Advocate Physician Partners also provided protocols and patient questionnaires for use in the physician's office. Throughout Advocate Physician Partners, staff in the physician's office is instructed on the use of these tools. In addition, Advocate Physician Partners has developed disease registries to provide physicians with lists of high-risk patients who need to be screened, as well as reminders to contact these patients. As an incentive, Advocate Physician Partners provides financial rewards to physicians who complete the screening of high-risk patients.

Advocate Physician Partners Metrics/Results

The tools used by Advocate Physician Partners to screen patients are proven to be 96 percent effective in diagnosing patients with depression. In 2007, the physicians of Advocate Physician Partners provided depression screening to 79 percent of diabetics and cardiac patients, which compares favorably to national screening rates of 33 and 25 percent, respectively.

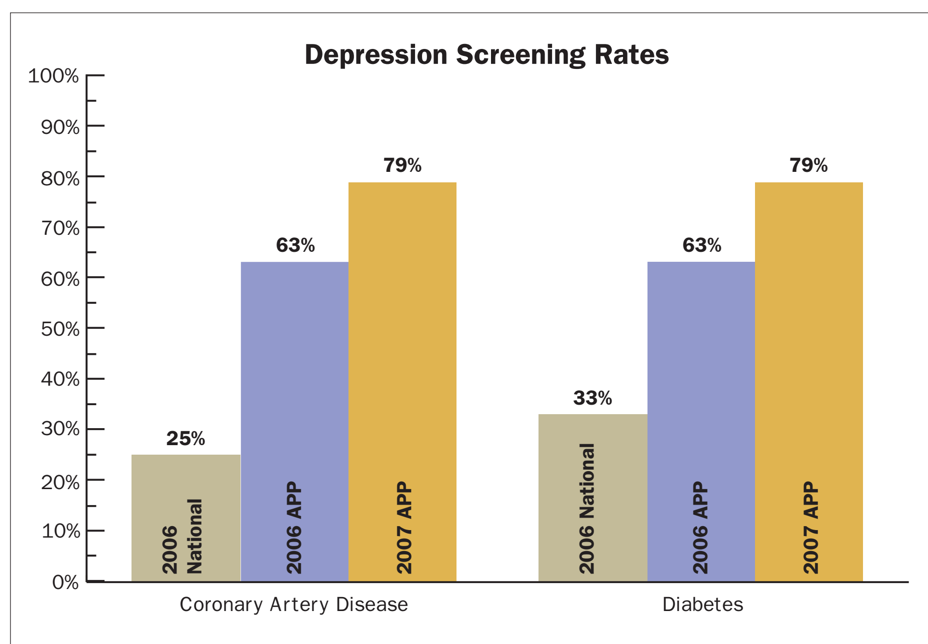


Table 2. Identification Rate for Depression in Coronary Artery Disease and Diabetes

Sources: Guck TP, Kavan MG, Elsasser GN, et al: Assessment and treatment of depression following myocardial infarction. *American Family Physician* 2001 and Lustman RJ, Clouse RE: Practical considerations in the management of depression in diabetes. *Diabetes Spectrum* 2004.

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

Advocate Physician Partners' depression screening and subsequent treatment in patients with diabetes or who had a cardiac event, resulted in an additional $3.2 million in direct and indirect savings over the standard practice.

Asthma Outcomes

Definition

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.

The History

Asthma is a serious health problem in the United States, with an estimated 20.5 million Americans affected.[1] Asthma is the most common illness in young people, affecting 6.2 million children.[1] Every year, 5,000 deaths, 500,000 hospitalizations and 2 million emergency room visits are attributed to asthma. Many of these incidents can be avoided with improved disease management.[2]

Asthma contributes substantially to the nation's health care costs. Research findings from the early 1990s calculated total asthma costs, including medical expenses and lost productivity, at $6.2 billion annually, with an estimated indirect cost of care per patient of $1,033 per year.[3,4]

The Chicago area is affected disproportionately and considered by many to be an epicenter for asthma. In 2000, asthma death rates in Chicago were reported to be the highest in the nation, with 4 deaths per 100,000, compared with an overall national rate of 1.6 per 100,000.[5]

Economic and Medical Impact

- In 2006, direct health care costs for an employee with persistent asthma were $8,033, compared with $3,542 for an employee without asthma.[3]
- Asthma causes 14 million school absence days and 14.5 million worker absences annually.[2]
- As many as 69 percent of parents of children with uncontrolled persistent asthma miss at least one day of work each month.[2]
- Chicago's hospitalization rate for asthma is 30.6 per 100,000 people, nearly twice that of the national rate of 16.7 per 100,000.[5]
- Nationally, asthma programs have been shown to reduce missed and nonproductive work days from 10.8 to 2.6 days per year, a 76 percent reduction.[6]

Advocate Physician Partners Case for Improvement

Recent studies confirm that two factors can play an important role in improving care and patient compliance when treating asthma. A primary factor in care compliance is patient education, which can increase asthma self-management, with resultant decreases in the number of asthma-related hospitalizations, emergency room visits and lost school and work days.[6] The appropriate use of controller medications is also vital, with higher controller medication/total asthma medication ratios associated with better asthma outcomes and reduced emergency hospital utilization.[7] In the mid 1990s, it was estimated that an asthma disease management program yielded overall net medical savings of $2,714 per patient, per year.[8]

Asthma Action Plans support patient education and have been shown to be effective. In fact, use of Asthma Action Plans is now recognized as the optimal strategy for integration of different components of asthma treatment.[9,10] A 2004 study reported that peak flow-based Asthma Action Plans in patients with moderate to severe asthma resulted in a 91 percent reduction in emergency room admissions and an 84 percent reduction in hospitalizations. Moreover, use of these action plans resulted in saving in costs per emergency room visit and hospitalizations.[11]

Despite the mounting evidence that Asthma Action Plans are clinically effective, many patients do not benefit from this approach. Regional performance data in 2007, from the largest managed care organization in Illinois, indicated that Asthma Action Plans were completed on an annual basis for 74 percent of the patients in its HMO network,[12] a population that typically has a higher performance than that seen in PPO members.

Advocate Physician Partners Objective

Advocate Physician Partners' objective is to treat, educate and arrange for follow-up early to control the effects of asthma. Based on mounting evidence from Chicago's largest managed care plan, Advocate Physician Partners increased the required frequency of Asthma Action Plan completion and review with patients. In 2007, the physicians of Advocate Physician Partners completed Asthma Action Plans for their patients annually rather than every two years.

Currently, Advocate Physician Partners' state-of-the-art disease management program tracks and facilitates care of patients with asthma and provides physicians with up-to-date information on evidence-based medicine. This program also allows physicians to assess the implementation of Asthma Action Plans and carefully monitor the use of controller medications. Physicians also monitor controller medication use, with the aid of pharmacy data, obtained from pharmacy benefit management firms and entered into Advocate Physician Partners' asthma disease registry.

In the office, Advocate Physician Partners physicians assess the patient and implement the following methods in an effort to intervene early: 1) provide patient education, 2) implement an Asthma Action Plan, 3) prescribe controller medications and 4) enter the patient information into a disease registry for patient follow-up and educational outreach. In addition, patients with asthma who are also smokers are provided with counseling on smoking cessation.

If a non-controlled asthmatic patient presents at an Advocate hospital, the Advocate Physician Partners physician accelerates the asthma intervention approach by engaging a certified Asthma Coordinator, who ensures that patients receive education on asthma self-management. These Coordinators begin their work as soon as a patient with asthma is seen in the emergency room or admitted to the hospital.

Advocate Physician Partners Metrics/Results

Advocate Physician Partners successfully implemented annual Asthma Action Plans in 85 percent of asthmatic patients. This represents a rate 11 percentage points higher than the Chicago-area average for annual administration of Asthma Action Plans.

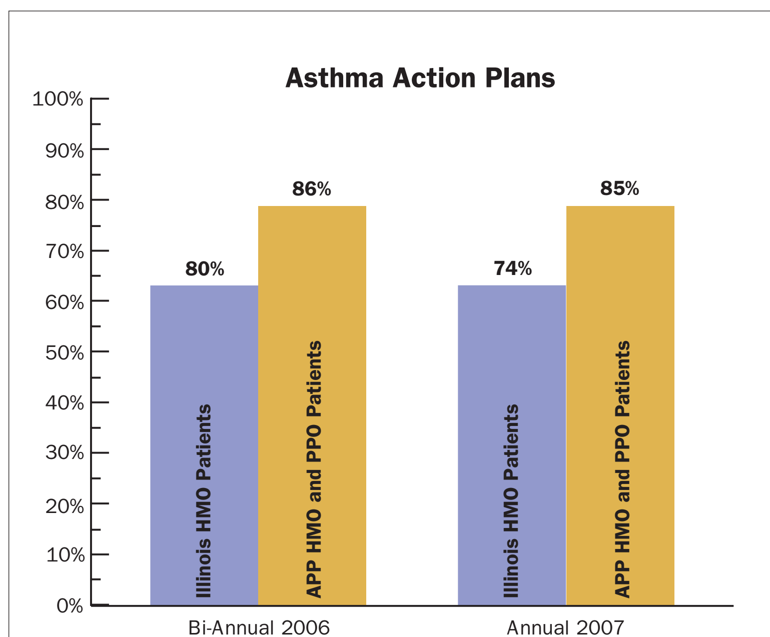


Table 1. Asthma Action Plans

Sources: Blue Cross Blue Shields Letter, March 2007 and e-mail communication February 2008

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

Advocate Physician Partners' asthma management program resulted in additional direct and indirect annual medical cost savings of approximately $1.9 million compared to Chicago-area averages. The initiative resulted in an estimated additional 4,075 days saved annually from absenteeism and lost productivity.

Diabetic Care Outcomes

Definition

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 and be used for energy. In *Type 2 Diabetes*, either the pancreas does not make enough insulin or the body is unable to use insulin correctly.

The History

Diabetes affects 21 million Americans, in addition to the 54 million who are pre-diabetic.[1] Of these, approximately 18 million, or 90 percent, have Type 2 Diabetes.[2] This number is expected to rise. It is currently estimated that by 2050, 48 million Americans will have Type 2 Diabetes.[3]

Economic and Medical Impact

- Diabetes is the United States' third leading cause of disability and contributes to 18 percent of all deaths each year.[4]
- 58.3 percent of Type 2 diabetics in Chicago are between the ages of 18 and 64.[5]
- Diabetics have five times the amount of annual medical costs, compared with non-diabetics.[6]
- In 2002, the average direct and indirect cost attributable to diabetes was $10,900 per diabetic patient per year with an estimated annual cost of $132 billion.[6]
- In 2002, $40 billion was lost each year from diabetes-related restricted and lost work, premature mortality and permanent disability.[6]

Advocate Physician Partners Case for Improvement

Fifty-eight percent of patients with diabetes have one or more health complications, and 14 percent have three or more. In 2006, it was estimated that these complications resulted in $23 billion in direct medical costs.[7]

Studies of blood glucose (hemoglobin A1c) levels in diabetics support the need to aggressively monitor and control these levels. Twenty-eight percent of diabetics had kidney disease, compared to 6 percent of people who had normal glucose levels. Heart problems were prevalent in 10 percent of diabetics, and stroke occurs in 7 percent, compared to an incidence rate of 2 percent for both of these complications in patients with normal glucose levels.[7]

Every percentage point drop in the A1c level reduces the risk of developing eye, nerve and kidney disease by 40 percent.[8] In addition, a one percentage point drop can result in an extra five years of life, eight years of sight and six years free from kidney disease.[8] Good blood sugar control, as reflected in near-normal hemoglobin A1c levels, has been shown to lower medical costs. Table 1 below illustrates the cost differential for a 1 percent change in hemoglobin A1c.

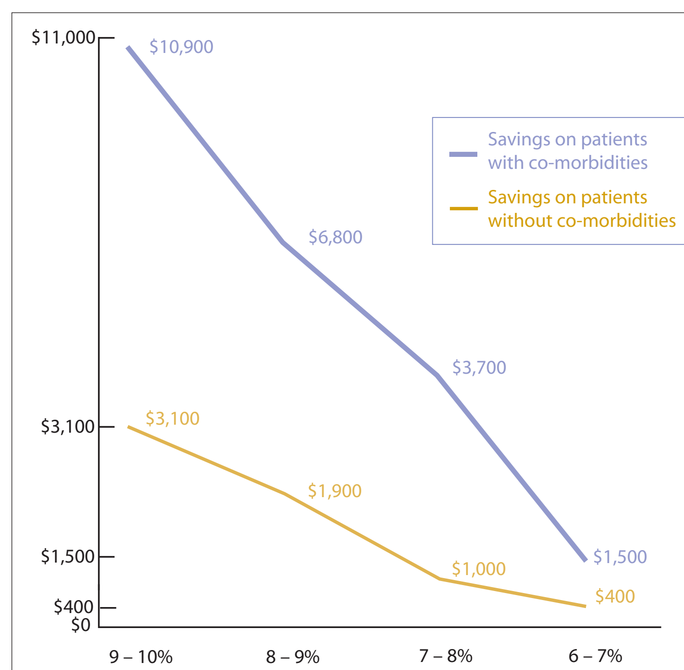


Table 1. Cost Differentials over 3 years for 1% change in Hemoglobin A1c

Source: Gilmer T: Predictors of health care costs in adults with diabetes. *Diabetes Care* 2005

Advocate Physician Partners Objective

Advocate Physician Partners' objective is to improve care and lessen complications in patients with diabetes by reducing hemoglobin A1c levels to 7 percent or lower. As part of this effort, Advocate Physician Partners physicians also aggressively manage and track 12 key metrics or variables, including cholesterol control as measured by LDL (low density lipoprotein) levels and hypertension. These physicians also monitor kidney function, mental health status, and perform annual eye exams to provide early detection and intervention for potential complications resulting from diabetes. In addition, physicians' efforts include smoking cessation counseling for diabetic patients who use tobacco. Through these interventions, Advocate Physician Partners can prevent and reduce the impact of complications and decrease the cost of care.

Advocate Physician Partners Metrics/Results

Advocate Physician Partners has increased its targets for physician performance related to diabetes control measures in each of the last four years. Despite the increases in goals for 2007, Advocate Physician Partners exceeded its targets and performed well above the national averages for eight of nine diabetic care measures (Table 2).

	National Average HMO 2006 Results	APP HMO and PPO 2007 Results	Variance
HbA1c Testing	87.5	90.7	3.2
Poor HbA1c Control (Lower is better)	29.6	17.0	12.6
Good HbA1c Control	41.8	50.4	8.6
Eye Exams	54.7	59.2	4.5
LDL-C Screening	83.4	88.3	4.9
LDL-C Control (<100)	43.0	55.0	12.0
Monitoring Nephropathy	79.7	79.0	(0.7)
Blood Pressure Control (<130/80)	29.9	41.7	11.8
Blood Pressure Control (<140/90)	61.4	69.4	8.0

Table 2. Diabetes Care Measure Comparative

Source: NCQA 2006 taken from *The State of Health Care Quality.* 2007 results not available at the time of print.

Bold – In four areas, Advocate Physician Partners met or exceeded the highest state performance reported by NCQA.

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

Using data from a 1995 study of costs, Advocate Physician Partners' Diabetes Care initiative resulted in an additional 5,000 years of life, 8,000 years of sight and 6,000 years free from kidney disease.

Using 1995 dollars and calculating savings using just one of the 12 measures (Hemoglobin, Poor Control), Advocate Physician Partners saved an additional $606,000 in direct medical costs.

Coronary Artery Disease and Congestive Heart Failure Outcomes

Definition

Coronary Artery Disease (CAD):
A build up of fatty material in the wall of the coronary artery 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):
A condition where the heart muscle weakens and cannot pump blood efficiently throughout the body.

Myocardial Infarction (MI):
An MI (also known as a heart attack) is the death of heart muscle from the sudden blockage of a coronary artery by a blood clot.

The History

Affecting more than 61 million Americans, cardiovascular disease remains the world's most common cause of death.[1] In 2004, nearly 16 million Americans age 20 and older had documented CAD. [2]

Congestive heart failure, a devastating form of cardiovascular disease, affects more than 5 million Americans. At age 40, the lifetime risk of developing CHF is 20 percent.[2] On a global scale, MI is likely responsible for 40 to 50 percent of all mortality related to cardiovascular disease.[3]

Economic and Medical Impact

- Hospital and physician costs for CAD are an additional $782 per person per year. In addition, prescription costs are an additional $710 per person per year compared to patients without this disease.[4]
- In CHF, the five-year mortality rate is approximately 50 percent.[5]
- In the US, the estimated direct and indirect cost of CAD is $151.6 billion and CHF costs are more than $33.2 billion.[2]
- The estimated average number of years of life lost due to MI is 15.[2]
- For patients with CHF receiving treatment with ACE inhibitors, there is an estimated savings of $2,397 per patient.[6]

Advocate Physician Partners Case for Improvement

The average cost of a coronary event from hospital admission to discharge was $22,720 in 1996.[5] There is abundant evidence that early identification and improved management of risk factors, before complications have started, can dramatically reduce costs and improve the length and quality of life for patients with CAD and CHF. Moreover, it is well documented that measures taken at the onset of an MI and following discharge contribute to improved survival and long-term outcomes

Research studies consistently demonstrate improved outcomes when medication interventions are administered for CHF and CAD patients.

- In CHF, the use of ACE inhibitor medication has been shown to reduce the relative risk of mortality and hospitalizations by 30 percent[7] and the absolute risk by 10 percent.[8]
- In Illinois, for patients with an MI, the use of ACE inhibitors averages 80 percent, use of aspirin at discharge 91 percent, and use of beta blockers at discharge is 88 percent.[9]
- In CAD, prescribing beta-blocker medication decreases the relative risk of death by 22 percent[10] and reduces the absolute risk of death and non-fatal heart attacks by 3.9 percent.[8]
- The largest clinical trial using cholesterol medication showed that for every 1,000 patients treated, lowering LDL cholesterol to less than 100 mg/dl over six years saves 40 lives, prevents 70 recurrent non-fatal heart attacks and avoids 60 revascularization procedures.[11]
- 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.[12] The avoided costs of hospitalization for these patients are estimated to be between $17,452 and $19,689 per event.[13]
- Use of ACE inhibitors or angiotensin receptor blockers (ARBs) following a heart attack reduces the relative risk of mortality and recurrent non-fatal heart attack by 10 to 38 percent and the absolute risk by 4 to 8 percent.[14]

Advocate Physician Partners Objective

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. In 2007, the program was expanded to include smoking cessation counseling to patients who use tobacco.

Supporting these physician efforts, Advocate Physician Partners' staff provide mail and telephonic cholesterol screening reminders for eligible patients and promote aggressive management of cholesterol levels to patients and physicians.

Advocate Physician Partners Metrics/Results

Advocate Physician Partners exceeded national standards for the administration of cardiac drugs for patients diagnosed with CAD and CHF. Table 1 illustrates the percentage of patients treated for CAD and CHF during hospitalization compared to national averages. As shown in this table, even though there has been a nationwide increase in use of these effective strategies for cardiac care, Advocate Physician Partners physicians have adopted these strategies more quickly and with more consistency than the national trend.

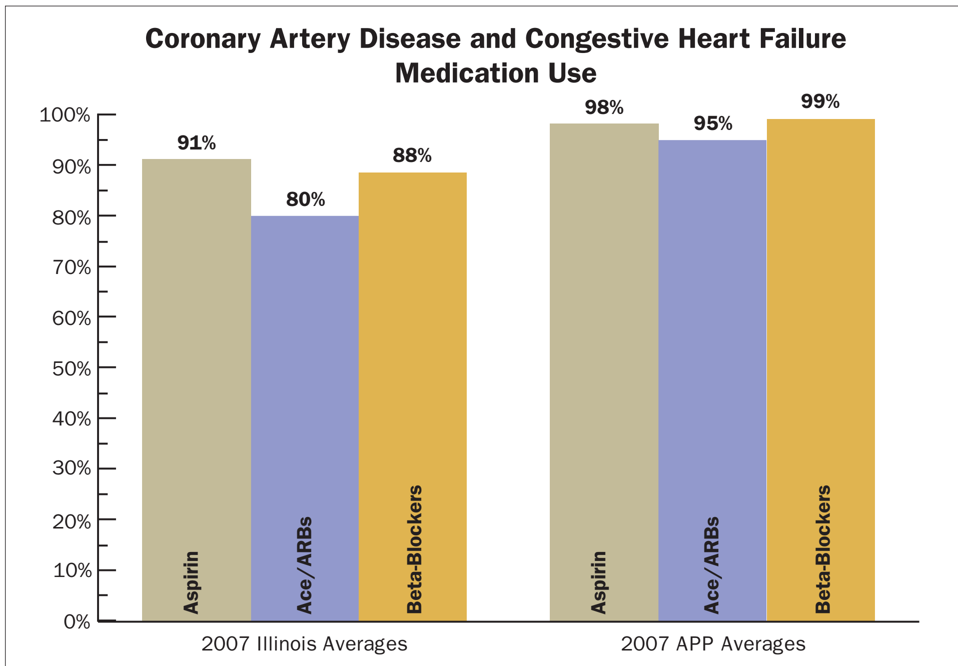


Table 1. Coronary Artery DIsease and Congestive Heart Failure

Source: Health and Human Services, Hospital Compare Data, Sourced March 17, 2008.

The percent of patients with LDL levels below 100mg/dl is a primary industry measure for determining quality of care for CAD patients. In 2007, Advocate Physician Partners patients with CAD had an LDL below 100mg/dl in 68 percent of cases compared to less than 20 percent of CAD patients nationally.[15]

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

In 2007, this initiative resulted in 65 saved lives, 158 avoided days of hospitalization and a medical cost savings of over $158,000 compared to national averages.

Childhood Immunization

Definition

Immunization 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 immunity to the disease.

The History

Immunization is one of the safest and most effective ways to protect children from a variety of potentially serious diseases.[1] In fact, immunization of children is recognized as one of the greatest public health achievements of the 20th century.[2] A recent analysis of 30 clinical preventive services ranked routine childhood immunization first, on the basis of the preventable burden of disease and the cost effectiveness of the intervention.[2] As of 2006, in the United States it is recommended children under age 2 years receive the routine vaccinations shown in Table 1 under Combination 3.

Economic and Medical Impact

- Timely vaccinations reduce morbidity, mortality and disability resulting from various infectious diseases.[3]
- Without routine vaccination, direct and societal costs of Combination 2 diseases would be $12.3 billion and $46.6 billion, respectively.[3]

Advocate Physician Partners Case for Improvement

Despite the positive impact of immunizations, their effectiveness is diminished if children do not receive their vaccinations according to recommended schedules. It is estimated that in the United States more than 26 percent of 2-year-old children lack one or more of the recommended immunizations.[1] In 2006, for patients in the organizations that reported to the NCQA, national findings revealed that only 79.8 percent of children received the vaccinations recommended in Combination 2, and only 65.6 percent of children received the vaccinations in Combination 3.[1] It is thought that the lack of compliance in inoculating children under 2 may occur for a number of reasons, including families' health beliefs, parents not knowing when immunizations are due and physicians not having timely information regarding patients' compliance.

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, ubella)	1
Hib	Hib	3
Hepatitis B	Hepatitis B	3
Chicken pox	Chicken pox	1
	Pneumococcal vaccine	4

Table 1. Vaccines in Combinations

It is estimated that in the United States more than 26 percent of 2-year-old children lack one or more of the recommended immunizations.[1]

Advocate Physician Partners Objective

Advocate Physician Partners' objective is to have all children in its physicians' practices fully immunized by the age of 2 years. To achieve this objective, Advocate Physician Partners uses a multi-faceted outreach approach which enhances both patient and physician compliance. These outreach efforts include development of a patient registry to document immunization histories and track patients, reminders sent out to alert physicians and parents about immunizations needed, education for parents emphasizing the need to fully immunize their child, and education and assistance for physicians to help them encourage patient compliance. Additionally, parents of every child in Advocate Physician Partners' patient immunization registry receive a pocket guide to be used for documenting immunizations and reinforcing the guidelines.

Advocate Physician Partners Metrics/Results

In 2007, Advocate Physician Partners achieved an 88 percent compliance rate in administering Combination 2 and 84 percent compliance rate in administering Combination 3 immunizations to children by their second birthday.

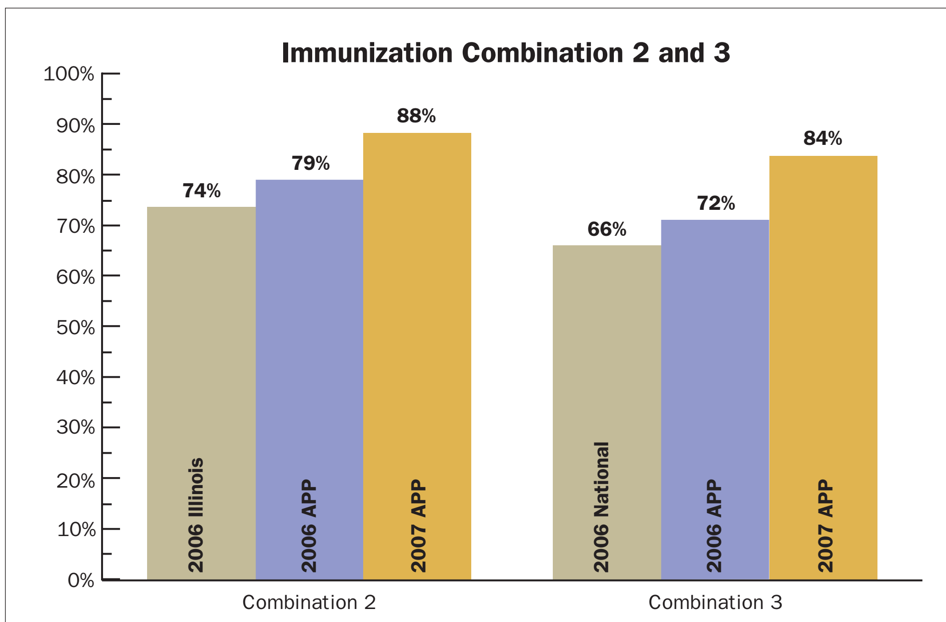


Table 1. Combination Rates

Sources: The State of Health Care Quality, Industry Trends and Analysis *National Committee for Quality Assurance* 2007 and CDC, NIS Data Table, Estimated Vaccination Coverage Among Children 19 – 13 months of Age – US National Immunization Survey, 2006.

ADVOCATE PHYSICIAN PARTNERS IMPACT ON QUALITY AND COST

Advocate Physician Partners' immunization rate is 14 percentage points better than the 2006 Illinois average for Combination 2 and 18 percentage points better than the 2006 national norm for HMOs for Combination 3.

Additional Clinical Initiatives

The following are summarized results for the remaining 2007 Advocate Physician Partners Clinical Integration initiatives. Please refer to our website at **www.advocatehealth.com/app** to obtain additional information about these initiatives.

Effective Use of Hospital Resources

Objective Measuring and communicating the results of inpatient hospital resource consumption measures comparing physicians' performance to others in their peer group as well as to industry norms, creating awareness and motivation to improve.

Outcome In 2007, Advocate Physician Partners' commercial length of stay was 3.6 days compared to 3.79 for the nationally accepted comparative standard.[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. It minimizes duplication of testing, accommodates sharing of results electronically across sites of care and streamlines the administrative process for providing quality improvement and operating disease management programs.

Outcome In 2007, more than 93 percent of Advocate Physician Partners physicians used the preferred clinical laboratory for patients enrolled in managed care plans.

Obstetrics Risk Reduction and Post Partum Care

Objective Continuing Medical Education (CME) for External Fetal Monitoring advances consistency in interpretation among caregivers. In addition, obstetric care is monitored for the use of a consistent assessment and documentation process for prenatal care by recommending adherence to standards established by the American College of Obstetrics and Gynecology. These two programs optimize clinical outcomes and reduce malpractice exposure.

Outcome A record 91 percent of physician members in Advocate Physician Partners completed CME in 2007, up from 85 percent in 2006. In addition, 90 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 Studies show that patients presenting at the hospital with pneumonia had improved survival rates if they received antibiotics within four hours of admission.[1,2]

Outcome Physician members of Advocate Physician Partners prescribed antibiotics within four hours of hospital admission to 81 percent of patients presenting with pneumonia.

Physician Education Roundtable Meetings

Objective Advocate Physician Partners provides interactive online education sessions highlighting key Clinical Integration Program initiatives, clinical guidelines/protocols and patient outreach programs to improve physician performance and outcomes.

Outcome In 2007, 63 percent of Advocate Physician Partners physician members attended three or more Roundtable meetings, an increase of 40 percent over 2006 attendance.

Hospitalist Program Participation

Objective Hospitalists are physicians who spend virtually all of their time caring for hospitalized patients. Studies have shown that the utilization of hospitalists reduces the length of stay and cost per case and improves patient safety by accelerating the use of Computerized Physician Order Entry.[1,2,3,4]

Outcome In 2007, 83 percent of Advocate Physician Partners primary care physicians agreed to use a hospitalist.

Ophthalmology Care – Cataracts

Objective To help increase the likelihood of achieving the appropriate post operative vision targets, the physician members of Advocate Physician Partners perform testing and evaluations prior to cataract surgery utilizing nationally recognized guidelines.

Outcome In 2007, more than 97 percent of Advocate Physician Partners physicians assessed and documented visual functioning prior to cataract surgery.

Ophthalmology Care – Diabetic Retinopathy

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

Outcome 2007 was the first year of this initiative with more than 77 percent of Advocate Physician Partners physicians documenting and nearly 70 percent communicating results back to the primary care physician.

Patient Satisfaction

Objective Improved patient experience reflects higher quality care and can lead to more satisfied staff, fewer preventable medical mistakes, fewer malpractice lawsuits and economic savings.[1]

Outcome Many of the physicians participated in this new initiative to measure patient satisfaction for specialty care in three care settings: inpatient, outpatient and emergency room. This newly recognized initiative has gained awareness amongst physician members and action plans are in place to address opportunities for improvement.

Preventing Deep Vein Thrombophlebitis (DVT) and Pulmonary Embolism (PE)

Objective Studies have shown that the use of appropriate protocols and medications can reduce the risk for DVT and PE by one-quarter to one-third the average rate without such prophylaxis.

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

Orthopedic Implant

Objective Cooperation by physicians in the use of contracted orthopedic devices results in lower overall costs while maintaining quality.

Outcome In 2007, 88 percent of Advocate Physician Partners physicians completed a protocol concerning appropriate orthopedic device selection.

Pharmaceutical Statin Use

Objective Lipid-lowering medications 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 This new measure in 2007 resulted in 48 percent of the patients of Advocate Physician Partners physicians who needed a statin received the medication in generic form.

Surgical Care Improvement

Objective Timely administration and discontinuance of prophylactic antibiotics in the course of surgical treatment reduces the risk of infection and complications from surgery.

Outcome 96 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 on reducing surgical infections.

Patient Safety Continuing Medical Education

Objective Online and audio-based Patient Safety Continuing Medical Education is encouraged to improve patient safety within the Advocate system.

Outcome 86 percent of Advocate Physician Partners physicians completed Patient Safety CME coursework in 2007, and the remainder will complete this training in early 2008.

Raising the Bar – The 2008 Advocate Physician Partners Clinical Integration Program

Rising health care costs are often attributed to issues associated with poor clinical outcomes, waste and patient safety. Targeted efforts addressing specific measures in each of these areas have been effective in improving clinical outcomes and generating cost savings. In addition, increased patient satisfaction and a strong medical and technological infrastructure have been shown to be effective in improving care.

The above are areas of focus for many of the leading care improvement organizations in the health care industry including The Leapfrog Group for Patient Safety, Institute for Medicine and others mentioned earlier in this Report. The Advocate Physician Partners' Clinical Integration Program is structured around these five critical areas of care. The chart below details the 2008 Clinical Integration Program's 35 key initiatives and their areas of impact.

Targeted efforts addressing specific measures in clinical outcomes, efficiency, medical and technological infrastructure, patient safety and patient satisfaction have been effective in improving Advocate Physician Partners' clinical outcomes and generating cost savings.

	2008 CLINICAL INITIATIVES	CLINICAL OUTCOMES	EFFICIENCY	MEDICAL & TECHNOLOGICAL INFRASTUCTURE	PATIENT SAFETY	PATIENT SATISFACTION
1	Board Certification	✔			✔	✔
2	Clinical Laboratory Standardization	✔	✔	✔		
3	Communications: Specialists to Primary Care MDs	✔	✔		✔	✔
4	Coronary Artery Disease Acute Myocardial Infarction	✔	✔			
5	Cost Index		✔			
6	Asthma Outcomes	✔	✔	✔		
7	Information Age – CareNet/ CareConnection Usage	✔	✔	✔	✔	
8	Childhood Immunization Activity	✔	✔			
9	Congestive Heart Failure	✔	✔			
10	Coronary Artery Disease	✔	✔			
11	CPOE Medication Order Entry	✔	✔	✔	✔	
12	Depression Screening – Coronary Artery Disease & Diabetes	✔	✔			
13	Diabetes Outcomes	✔	✔	✔		
14	Effective Use of Resources		✔			
15	Hospitalist Care—Effective Hand-offs	✔	✔		✔	✔
16	Ophthalmology Care— Cataracts	✔				
17	Ophthalmology Care— Diabetic Retinopathy	✔	✔	✔		
18	Osteoporosis Screening	✔	✔			
19	Generic Prescribing	✔	✔			✔
20	Hospitalist Program	✔	✔		✔	
21	Medicare Quality Code Use	✔	✔	✔		
22	Patient Satisfaction	✔				✔
23	Peer Satisfaction	✔	✔		✔	✔
24	Pharmaceutical Generic Statins	✔	✔			
25	Physician Education Roundtables	✔	✔	✔	✔	✔
26	Community Acquired Pneumonia Management	✔	✔			
27	Post Partum Care	✔				✔
28	Office Patient Safety	✔	✔		✔	
29	Radiology Turn-Around Times	✔		✔	✔	✔
30	Quality Oncology Practice Initiative Participation	✔	✔	✔	✔	✔
31	Surgical Care Improvement Project	✔	✔		✔	
32	Quality Improvement Registry Usage	✔	✔	✔		
33	Risk Reduction Obstetrics	✔	✔		✔	
34	Smoking Cessation Counseling: Inpatient Setting	✔	✔			
35	Smoking Cessation Counseling: Outpatient Setting	✔	✔	✔		

Professional and Community Recognition

Advocate Physician Partners and Advocate Health Care have been recognized by professional and community organizations for leadership in clinical excellence, use of advanced technologies and improvements in patient safety. Following is a list of some of the awards and recognitions presented in 2007.

- Advocate Physician Partners received the highest level recognition in the 2007 Blue Cross "Blue Star Medical Group Report" by earning the maximum 5 Stars.
- In 2007, Advocate Physician Partners achieved utilization management standards for HMOI, Humana and Unicare with 100 percent compliance.
- Advocate Physician Partners scored 100 percent on the 2007 Humana claims audit.
- Advocate Health Care was ranked #1 Illinois health system and #11 nationally in Top 100 Most Integrated Health Networks by Verispan.
- Advocate Lutheran General Hospital was named to *U.S. News & World Report*'s America's Best Hospitals 2007 listing.
- Advocate Health Care was the winner of *Workforce*Chicago for exemplary learning and development.
- Advocate Health Care had 66 physicians named in Chicago's Top Doctors, *Chicago Magazine* 2007 and nearly 170 specialty physicians recognized in the 2007 *Consumers' Checkbook*'s Best Doctors listing.
- Advocate Health Care was listed as one of the *Most Wired Hospitals and Health Systems* for the 7th consecutive year by *Hospitals & Health Networks* magazine.

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 2,900 physicians of Advocate Physician Partners and their staff 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 in the Chicago metropolitan area and the nation.

Source List

GENERIC PRESCRIBING INITIATIVE

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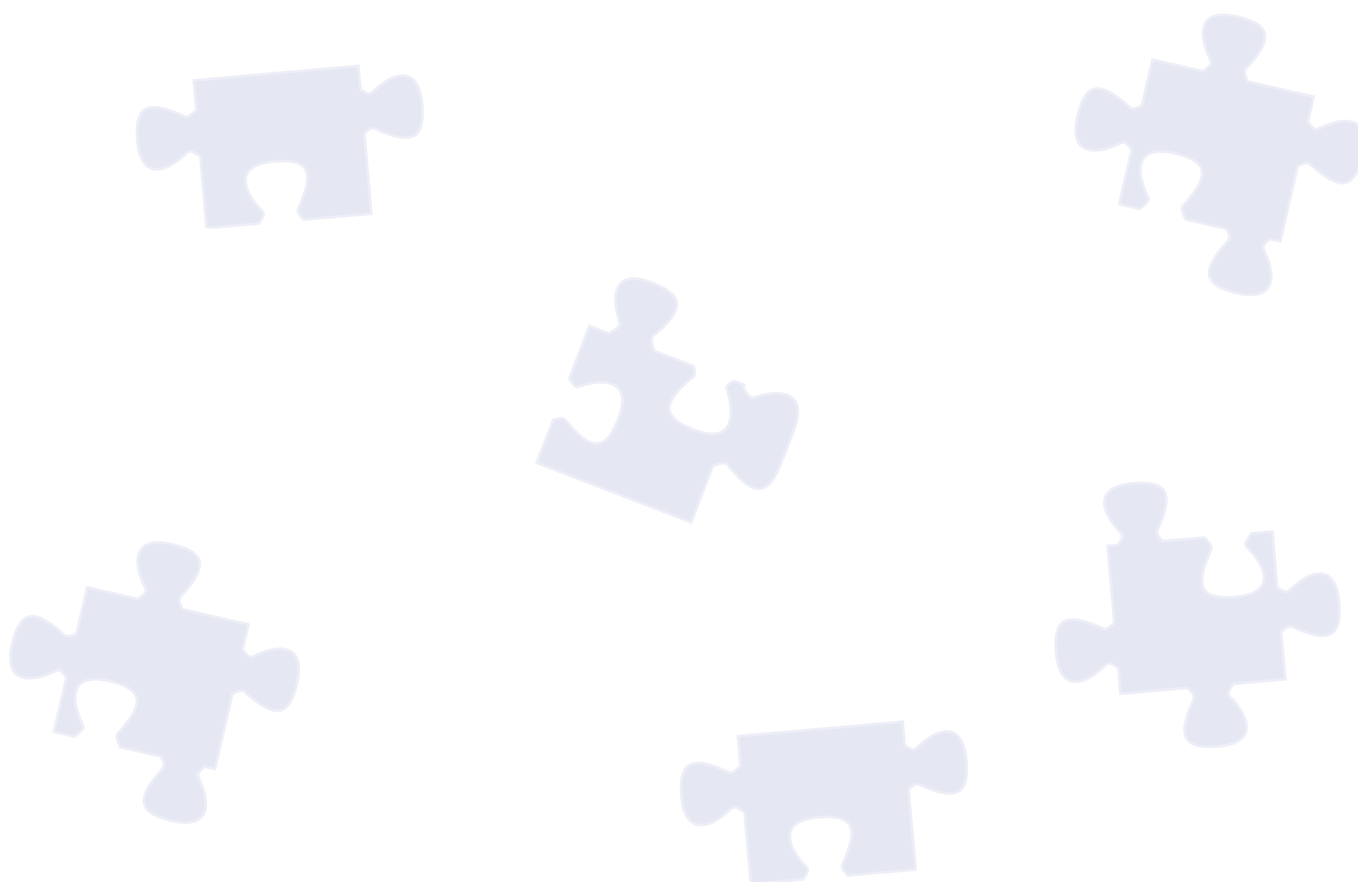

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2025 Windsor Drive • Oak Brook, Illinois 60523
847.635.4416