Southwestern Health Resources

Direct to Employer Population Health Management Strategies

HFMA Lone Star Summer Institute
August 19, 2016
Our ultimate goal is to connect plan sponsors with consumers and providers, so we can work together to lower the total cost of care.
The two organizations that make up Southwestern Health bring their own set of strengths that complement the other.

- UT Southwestern is one of the premier academic medical centers in the nation.
- The medical center integrates innovative education and pioneering medical research with exceptional clinical care.
- The institution’s faculty includes many distinguished members, including six who have been awarded Nobel Prizes.
- The faculty of more than 2,700 is responsible for groundbreaking medical advances and is committed to translating research quickly to new clinical treatments.
- $415.5 million per year in ongoing support from federal agencies to fund more than 3,300 research projects.
- UT Southwestern physicians provide medical care in 40 specialties to about 92,000 hospitalized patients and oversee approximately 2.1 million outpatient visits a year.
Who is Texas Health Resources

Texas Health Resources is one of the largest faith-based nonprofit health system in the nation and the largest one in North Texas, with the largest market share in the region.

The system features broad geographic access, a variety of facility types and models and a reputation for compassionate care.

- Texas Health delivers more than 25,000 babies each year – the most in N. Texas
- More than 150,000 patients have inpatient encounters with Texas Health each year and Outpatient encounters are more than 1.5 million

- Also one of the largest employers in N. Texas with more than 22,000 employees, Texas Health has been named the No. 1 health care company to work for in the United States on the “Best Workplaces in Health Care” list published by Fortune magazine.
- More than 5,500 physicians on its medical staff, with many models and ways to partner with physicians
- A service area of 16 counties, with 25 hospitals and more than 65 outpatient facilities
- An annual operating budget of more than $4 billion
- Texas Health Physicians group employs more than 800 providers
  - More than 400 physicians outside of Dallas County
  - 123 located in Dallas County
Together, these two health care leaders are creating one network.

By building on our strengths and combining our intellectual resources and care capabilities, we’ll provide broader, more-convenient access to high-value care for millions of North Texans through a new network of 27 hospitals and more than 300 outpatient facilities and clinics.

Our mission is to offer the highest quality care consistently in a responsive and coordinated manner to the communities of North Texas through our distinguished network of physicians, hospitals and clinics; generating value through stewardship of societal resources.

- 27 Hospitals
- More than 300 outpatient facilities
- +35,000 employees
- Serving +7 million residents
- ~3,000 physicians across 16 county area
What we will do together

Together we create improved access to some of the most advanced, coordinated care in the country.

Southwestern Health Resources

Interoperability of electronic health record systems

High quality standards for all participating physicians.

Broadened and simplified access care in and out of the hospital setting

SWHR will be highly reliable health care delivery network aimed at:

- Delivering unparalleled quality
- Delivering outstanding clinical outcomes to patients
- Improving access to care across the care continuum from basic to most advanced intervention
- Improving both patient and physician experiences

We will serve patients throughout North Texas from wellness programs and preventive care to the most advanced interventions in modern medicine. Working together, we are broadening, simplifying access to the very best care available.
SWHR
4 Pillars of Population Health Management

Population Health Management

Data Aggregation  Risk Stratification  Provider Management  Consumer Engagement
# SWHR - Purpose Driven Network

## Referral Management Tool

### 1. Choose a Doctor or Service

<table>
<thead>
<tr>
<th>Doctors</th>
<th>Emergency Care</th>
<th>Imaging &amp; Procedures</th>
<th>Therapy/Wound Care</th>
<th>All</th>
</tr>
</thead>
</table>

**What type of doctor?**

- Family Medicine

**What is your location?**

- 77024

(search by provider name)

### 2. Choose an Appointment Time

#### Tuesday, November 25, 2023
- 9:00 am
- 9:15 am
- 9:30 am
- 9:45 am
- 10:00 am
- 10:15 am
- 10:30 am

**Show More**

**If you need an earlier appointment**

- 8:00 am
- 8:15 am
- 8:30 am
- 8:45 am

### 3. Confirm Your Appointment

**Search Refinement**

- **Online Booking Available**
  - In
  - No Preference
  - Next 7 Days
  - Next 14 Days
  - Next 30 Days

**Provider Name**

**Insurance**

**Reason for Visit**

**Type of Patient**

**Date**

**Time of Day**

- Mornings Only
- Afternoon Only
- Weekend Only

**Gender Preference**

**Find a Provider**

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Private and Confidential
SWHR
Point of Care Tool

Used to prospectively identify and close care gaps at visit.
## SWHR
### High Risk/High Cost Patients

<table>
<thead>
<tr>
<th>Pt</th>
<th>CGI</th>
<th>Age</th>
<th># of Re-admits</th>
<th># of ER Visits</th>
<th>Highest Paid Diagnosis</th>
<th>Medical Paid</th>
<th>LOH</th>
<th>LOED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>15</td>
<td>4</td>
<td>2</td>
<td>Organ Transplants</td>
<td>$920,394.37</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>2</td>
<td>8</td>
<td>48</td>
<td>0</td>
<td>7</td>
<td>Septicemia</td>
<td>$556,648.55</td>
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<td>0.60</td>
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<tr>
<td>3</td>
<td>18</td>
<td>69</td>
<td>2</td>
<td>4</td>
<td>Misc Viral Illness</td>
<td>$516,874.89</td>
<td>0.52</td>
<td>0.35</td>
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<tr>
<td>4</td>
<td>6</td>
<td>66</td>
<td>0</td>
<td>2</td>
<td>Inherited Metabolic Disorders</td>
<td>$458,149.17</td>
<td>0.33</td>
<td>0.19</td>
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<tr>
<td>5</td>
<td>4</td>
<td>26</td>
<td>1</td>
<td>7</td>
<td>Coagulopathy</td>
<td>$412,656.56</td>
<td>0.65</td>
<td>0.87</td>
</tr>
<tr>
<td>6</td>
<td>13</td>
<td>67</td>
<td>3</td>
<td>4</td>
<td>Procedure Complications</td>
<td>$391,012.15</td>
<td>0.67</td>
<td>0.19</td>
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<tr>
<td>7</td>
<td>12</td>
<td>68</td>
<td>4</td>
<td>8</td>
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<td>0.47</td>
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<td>9</td>
<td>10</td>
<td>59</td>
<td>0</td>
<td>6</td>
<td>Systemic Mycoses</td>
<td>$357,720.94</td>
<td>0.74</td>
<td>0.47</td>
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<td>10</td>
<td>6</td>
<td>21</td>
<td>0</td>
<td>3</td>
<td>Anemias</td>
<td>$350,674.07</td>
<td>0.94</td>
<td>0.77</td>
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<tr>
<td>11</td>
<td>9</td>
<td>42</td>
<td>2</td>
<td>6</td>
<td>Organ Transplants</td>
<td>$343,478.37</td>
<td>0.65</td>
<td>0.87</td>
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<tr>
<td>12</td>
<td>15</td>
<td>68</td>
<td>3</td>
<td>5</td>
<td>Respiratory Failure</td>
<td>$324,025.24</td>
<td>0.68</td>
<td>0.54</td>
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<tr>
<td>13</td>
<td>12</td>
<td>68</td>
<td>0</td>
<td>0</td>
<td>Diseases of Pulmonary Circulation</td>
<td>$317,850.25</td>
<td>0.12</td>
<td>0.07</td>
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<tr>
<td>14</td>
<td>3</td>
<td>63</td>
<td>0</td>
<td>0</td>
<td>CAD</td>
<td>$308,600.31</td>
<td>0.29</td>
<td>0.13</td>
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<tr>
<td>15</td>
<td>19</td>
<td>66</td>
<td>5</td>
<td>2</td>
<td>COPD</td>
<td>$301,145.82</td>
<td>0.37</td>
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<td>16</td>
<td>0</td>
<td>53</td>
<td>0</td>
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<td>Coagulopathy</td>
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<td>0.21</td>
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<tr>
<td>17</td>
<td>7</td>
<td>57</td>
<td>1</td>
<td>3</td>
<td>Osteoarthritis</td>
<td>$289,866.15</td>
<td>0.81</td>
<td>0.29</td>
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<tr>
<td>18</td>
<td>8</td>
<td>52</td>
<td>1</td>
<td>65</td>
<td>Renal Failure</td>
<td>$289,437.33</td>
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<td>0.00</td>
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<td>19</td>
<td>6</td>
<td>59</td>
<td>0</td>
<td>1</td>
<td>Septicemia</td>
<td>$285,307.64</td>
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<td>20</td>
<td>12</td>
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<td>44</td>
<td>Lower Respiratory Disorders</td>
<td>$283,074.07</td>
<td>0.84</td>
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### DXCG Risk Solutions

<table>
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<tr>
<th></th>
<th>LOH</th>
<th>LOED</th>
<th>Model #236</th>
<th>Model #254</th>
<th>Model #125</th>
<th>Model #125</th>
<th>Model #125 (MED)</th>
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<tbody>
<tr>
<td>Relative Risk Score</td>
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<td></td>
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<tr>
<td>Risk Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Predicted Allowed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Norm To MarketScan®</td>
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<tr>
<td>Norm To Book Of Business</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quickly decide which patients need care coordination focus.
**Executive Summary:** The report and graph below measures your quality performance using the 16 ACO quality metrics. Phytel extracts key information from your EMR to calculate the measures below. The goals are established by UTSACN Quality Assurance Committee.

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusion</th>
<th>Physician %</th>
<th>Goal %</th>
<th>Trend Delta</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI: ACO - BMI Screening</td>
<td>524</td>
<td>665</td>
<td>0</td>
<td>↑ 79%</td>
<td>81%</td>
<td>1%</td>
</tr>
<tr>
<td>CAD: ACO - Lipid Control</td>
<td>46</td>
<td>68</td>
<td>3</td>
<td>↓ 68%</td>
<td>66%</td>
<td>-3%</td>
</tr>
<tr>
<td>DM: ACO - Antiplatelet Therapy</td>
<td>11</td>
<td>12</td>
<td>6</td>
<td>↑ 92%</td>
<td>89%</td>
<td>2%</td>
</tr>
<tr>
<td>DM: ACO - BP Control (&lt;140/90)</td>
<td>74</td>
<td>111</td>
<td>1</td>
<td>↑ 67%</td>
<td>68%</td>
<td>0%</td>
</tr>
<tr>
<td>DM: ACO - Hba1c Control (&lt;8%)</td>
<td>69</td>
<td>111</td>
<td>1</td>
<td>↑ 62%</td>
<td>64%</td>
<td>-6%</td>
</tr>
<tr>
<td>DM: ACO - Hba1c Poor Control (&gt;9% or Missing)</td>
<td>33</td>
<td>112</td>
<td>0</td>
<td>↑ 29%</td>
<td>27%</td>
<td>4%</td>
</tr>
<tr>
<td>DM: ACO - LDL Control (&lt;100)</td>
<td>51</td>
<td>111</td>
<td>1</td>
<td>↓ 45%</td>
<td>52%</td>
<td>-4%</td>
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<tr>
<td>HTN: ACO - Blood Pressure Control (&lt;140/90)</td>
<td>187</td>
<td>326</td>
<td>8</td>
<td>↓ 57%</td>
<td>64%</td>
<td>-2%</td>
</tr>
<tr>
<td>IVD: ACO - Antithrombotic Therapy</td>
<td>63</td>
<td>93</td>
<td>0</td>
<td>↓ 68%</td>
<td>73%</td>
<td>-4%</td>
</tr>
<tr>
<td>IVD: ACO - Lipid Profile and LDL Control (&lt;100)</td>
<td>45</td>
<td>93</td>
<td>0</td>
<td>↓ 48%</td>
<td>57%</td>
<td>-6%</td>
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<tr>
<td>Prev. ACO - Breast Cancer Screening</td>
<td>165</td>
<td>226</td>
<td>13</td>
<td>↑ 73%</td>
<td>70%</td>
<td>0%</td>
</tr>
<tr>
<td>Prev. ACO - Colorectal Cancer Screening</td>
<td>504</td>
<td>553</td>
<td>6</td>
<td>↓ 91%</td>
<td>62%</td>
<td>-1%</td>
</tr>
<tr>
<td>Prev. ACO - Falls Risk Screening</td>
<td>173</td>
<td>237</td>
<td>0</td>
<td>↑ 73%</td>
<td>34%</td>
<td>11%</td>
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<tr>
<td>Prev. ACO - Hypertension Screening</td>
<td>140</td>
<td>393</td>
<td>0</td>
<td>↓ 35%</td>
<td>50%</td>
<td>-8%</td>
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<tr>
<td>Prev. ACO - Influenza Immunization</td>
<td>357</td>
<td>690</td>
<td>5</td>
<td>↑ 52%</td>
<td>69%</td>
<td>0%</td>
</tr>
<tr>
<td>Prev. ACO - Pneumococcal Vaccination</td>
<td>192</td>
<td>237</td>
<td>0</td>
<td>↑ 81%</td>
<td>69%</td>
<td>-1%</td>
</tr>
</tbody>
</table>

**Composite**

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>↓ 64%</td>
<td>62%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
### SWHR

#### Financial Performance Report

<table>
<thead>
<tr>
<th>Categories</th>
<th>Metrics</th>
<th>Rates</th>
<th>Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiaries</td>
<td># of Individuals</td>
<td>148</td>
<td>-</td>
</tr>
<tr>
<td>Risk &amp; Quality</td>
<td>RRS (Book of Business)</td>
<td>0.55</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Top-Coded(S400K/yr) Cost Efficiency Index</td>
<td>0.98</td>
<td>1.00</td>
</tr>
<tr>
<td>Admission Utilization Efficiency Index</td>
<td>Overall</td>
<td>1.10</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Due to Ambulatory Care Sensitive Conditions</td>
<td>1.49</td>
<td>1.00</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Outpatient ER Utilization Efficiency Index</td>
<td>0.92</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Outpatient Imaging Utilization Efficiency</td>
<td>0.85</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Index Overall</td>
<td>0.84</td>
<td>-</td>
</tr>
</tbody>
</table>

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**Top-Coded(S400K/yr) Cost Efficiency Index**

- Jan 13 - Dec 13: 1.09
- Feb 13 - Jan 14: 1.18
- April 13 - Mar 14: 1.07
- May 13 - April 14: 1.04
- June 13 - May 14: 0.97
- July 13 - June 14: 0.98

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**Admission Efficiency Index Overall**

- Jan 13 - Dec 13: 1.01
- Feb 13 - Jan 14: 1.24
- April 13 - Mar 14: 1.19
- May 13 - April 14: 1.25
- June 13 - May 14: 1.12
- July 13 - June 14: 1.10

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**Outpatient ER Utilization Efficiency Index**

- Jan 13 - Dec 13: 0.88
- Feb 13 - Jan 14: 0.69
- April 13 - Mar 14: 0.63
- May 13 - April 14: 0.66
- June 13 - May 14: 0.65
- July 13 - June 14: 0.92

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**Outpatient Imaging Utilization Efficiency Index**

- Jan 13 - Dec 13: 0.87
- Feb 13 - Jan 14: 0.88
- April 13 - Mar 14: 0.87
- May 13 - April 14: 0.86
- June 13 - May 14: 0.82
- July 13 - June 14: 0.85

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*Private and Confidential*
Unprecedented Access & Connectivity

• Southwestern Health Resources creates a network of a broad ranging group of physicians who collectively provide improvements in health care services across a 16-county area.

• Our patients can expect that their care will be coordinated and consistent, with their total health and trust always as the central goal.

• Consumers will benefit from access to a larger network of physicians and caregivers — to receive the best possible care closer to home.

• The relationship between patients and their physicians will not change — what will change is that patients and consumers will have more access to a large network of primary care physicians, specialty services and clinical trials.

• Through the network, North Texans will benefit from increased access to clinical trials and emerging therapies.
SWHR PCPs
Market Coverage

SWHR PCP's
UTSCAP = 237
UTSW Faculty = 79
THPG PCPs = 220
SWHR PCPs = 536
At Risk/Shared Savings Lives

Population Health is not aspirational for SWHR, we have $2.2 billion of premium in risk or gainshare contracts.
SWHR Financial Results

* MSSP population performance

SWHR has been successful managing total cost of care.

Pre-mgmt

Post-mgmt

2.75% Savings

6.6% Savings

Projected Cost

Actual Cost
SWHR Consumer/Employer Feedback

- SWHR has invested in one of the largest healthcare studies for employer and employees in North Texas to see what they want and we have built a solution around these consumer wants.

- According to the survey, employers and consumers want:
  - Care coordination / management of high cost claimants
  - Online appointment scheduling and same/next day appointments
  - Bundled pricing

- SWHR’s goal is to build a purpose-built network where SWHR takes upside and downside risk on the member population

<table>
<thead>
<tr>
<th>What Employers Seek</th>
<th>What Consumers Desire</th>
<th>What Providers Want</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Containment</td>
<td>Lower Costs/Premiums</td>
<td>Network Participation</td>
</tr>
<tr>
<td>Cost Certainty</td>
<td>Simplicity</td>
<td>Opportunity to manage members’ health and share risk with plan sponsors</td>
</tr>
<tr>
<td>Member Experience</td>
<td>Convenience</td>
<td>Member Experience</td>
</tr>
</tbody>
</table>
We can work together to lower the total cost of care by influencing care model, unit cost concession and plan design changes.

The employers want lower cost without network disruptions while providers want brand loyalty and increased market share.

The broad network option does not change behaviors and the narrow option may cause too big of a disruption.

A tiered controlled network option would meet most values for employers and providers.
Together, we will need to work on a solution that combines care model, unit cost concessions and benefit designs. To influence employee decisions, we will need to provide options such as premium contribution decrements, population health services and benefit differentials.
Thank You!

Questions?