

IHA's 2021
Stakeholders'
Conference will
begin at
9:00 AM PDT



IHA's 2021 Virtual Stakeholders' Conference

with a Focus on Health Equity



Welcome

Jeff Rideout, MD

President & Chief Executive Officer, IHA



Thank you to our sponsors!

Visit their virtual booths on the event website





HONORING

Ahmed Ghouri

Encounter Data Governance Entity

(EDGE)

Highlights

- Builds on previous encounter data work done by IHA and our cross industry/utility capabilities and partnerships
- Integrated into existing IHA AMP operations and governance structures with appropriate modifications/builds
- Critical, but not exclusive, focus on Medi-Cal plans and providers
- Includes oversight of Data Standards work and provider and plan training and outreach
- Committed partners include: CPCA, CMA, ICE to start
- \$26M total to manage (direct and indirect) through 2023
- Will run at least through 2023 based on meeting agreed upon milestones

Background

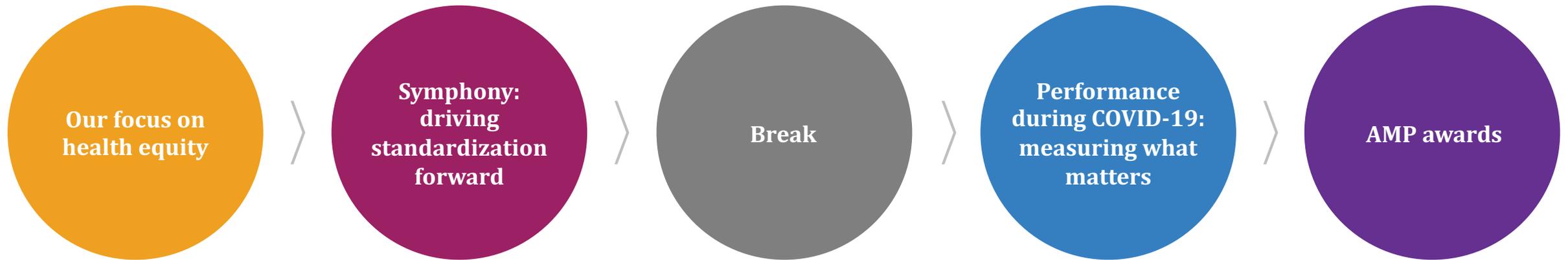
- Health Net's Encounter Data Improvement Program (EDIP) began in 2015 as part of the DMHC's undertaking related to the Health Net/Centene merger
- EDGE competitive grant followed in 2020 after a year-long industry "listening" process led by Manatt
- After a formal planning process, IHA began the "build" phase in late June 2021, which will continue through most of 2022

IHA and Onpoint selected for All-Payer Claims Database (HPD)

- 10+ years in the making - IHA's VBP4P infrastructure and relationships the starting point
- Big step up in 2014 with the awarding of a CHCF grant to build out a voluntary multi-payer claims database by extending IHA's existing infrastructure - "Atlas" reporting is added to VBP4P
- The work behind the scenes with plans, providers, and IHA's committees for measurement and reporting has allowed the industry to be positioned for the work now being undertaken by the state.
- The HPD is intended to **support greater healthcare cost transparency, inform policy decisions, and reduce healthcare costs and disparities.**



Today's agenda





Our focus on health equity

Jeff Rideout, MD, MA FACP

President & Chief Executive Officer, IHA

Anna Lee Amarnath, MD, MPH

AMP General Manager, IHA

Announcing our new AMP General Manager and leader for Health Equity

- Anna Lee joins IHA following seven years with DHCS, where she served as Chief Medical Quality and Oversight of Managed Care
- Anna Lee brings deep experience with health equity data and reporting
- She will serve in a leadership role in IHA health equity work moving forward

IHA Health Equity Committee



The IHA Health Equity Committee includes stakeholders from across the industry with expertise and experience driving towards health equity. This committee provides strategic guidance to inform decisions made by the IHA Program Governance Committee and IHA leadership.

Membership as of 10/11/21

Ralph Silber
Alameda Health Consortium

Shannon Cosgrove
Blue Shield of California

Jill Carroll
Bristol-Myers Squibb

Kristof Stremikis
California Health Care Foundation

Robbin Gaines
California Health Care Foundation

Rick Jacobs
Cedars-Sinai

Tom Williams
Emeritus

Hector Flores
Family Care Specialists MG

Nina Malik
Genentech

Martha Santana-Chin
Health Net

Rich Seidman
LA Care Health Plan

James Kyle
LA Care Health Plan

Elaine Batchlor
Martin Luther King Jr.
Community Hospital

Kimberly Carey
MedPOINT Management

Barry Arbuckle
MemorialCare Health System

Tim Ho
Permanente Medicine,
SCAL Permanente Medical Group

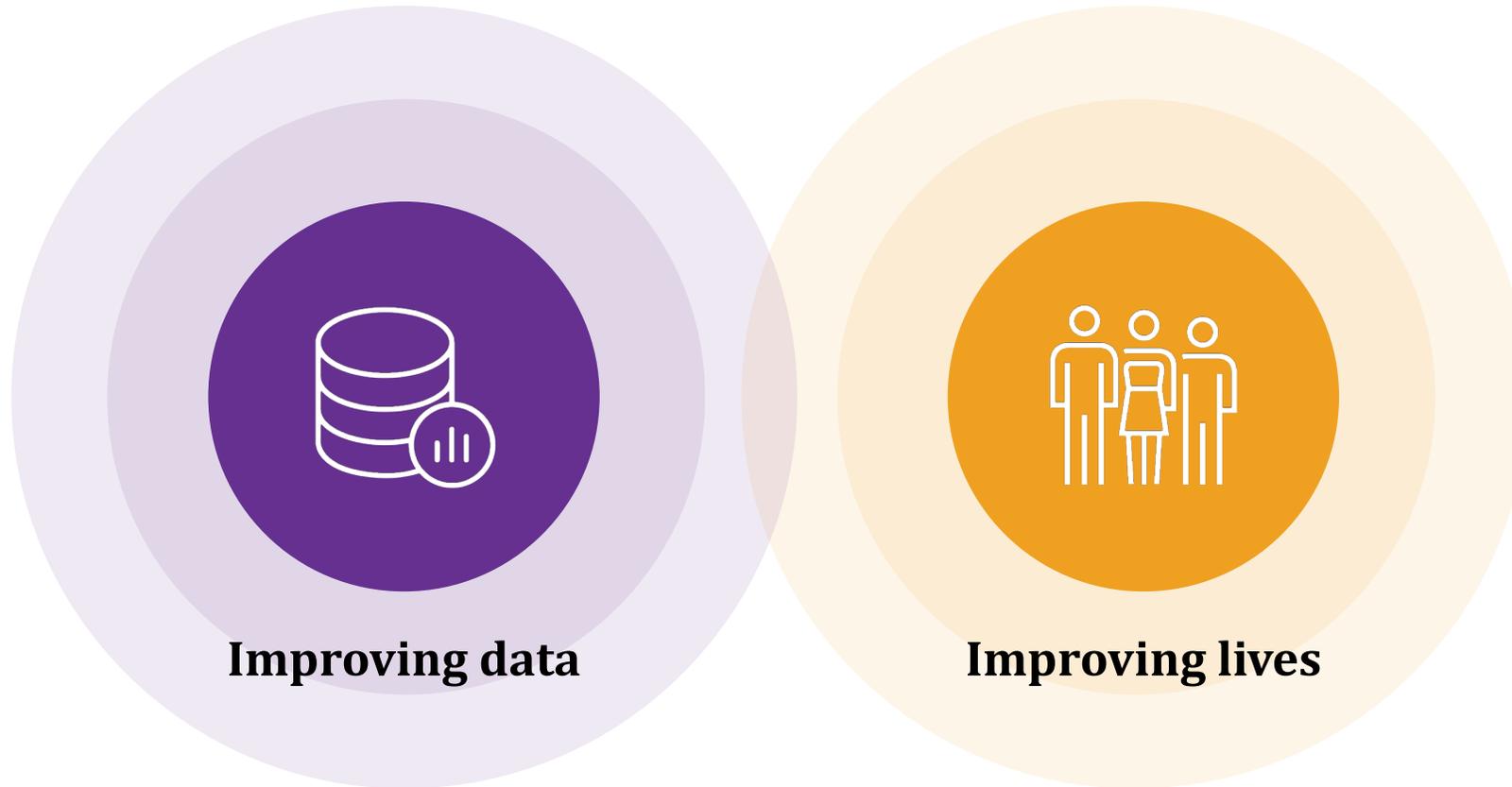
Cheryl Damberg
RAND

René G. Santiago
Santa Clara Valley
Health & Hospital System

Derrick Tsoi
San Francisco
Health Service System

Kristen Azar
Sutter Health

A clear and productive tension emerging



Are they in conflict or does one enable the other?

Focusing on the data

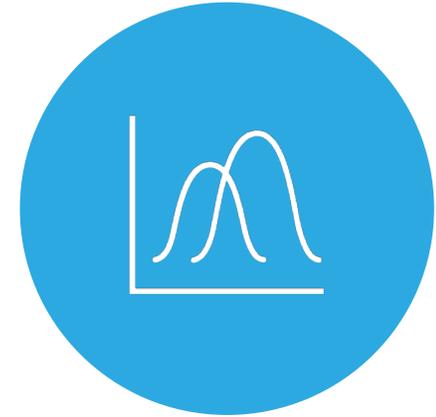
Race and ethnicity data is an industry-wide challenge



**Inconsistent capture and
lack of standardization
of data**



**Inability to match data to
claims-based information**



**Lack of consensus on how
to use data to improve
health equity**

Approaches to improving race/ethnicity data and reporting

Direct data collection

- Data collected in claims and encounters directly from patients (e.g., via surveys, health risk assessments)
- Data collected by a third party (e.g., CMS, state databases, employers)
- Standardized data collection using OMB categories
- Requirement for providers to collect race, ethnicity, and language (REAL) data

Indirect estimation

- Imputation of missing race and ethnicity, e.g., Bayesian Improved Surname Geocoding (BISG)
- Income proxies
- Census, American Community Survey (ACS) data

Analysis and reporting

- Race and ethnicity stratification in performance measurement (e.g., HEDIS measures)
- Appropriate risk stratification

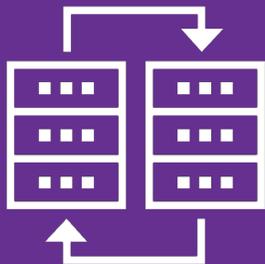
Where can IHA have an impact?



**Focus on
improving
the data**



**Find new
ways to use
existing data**

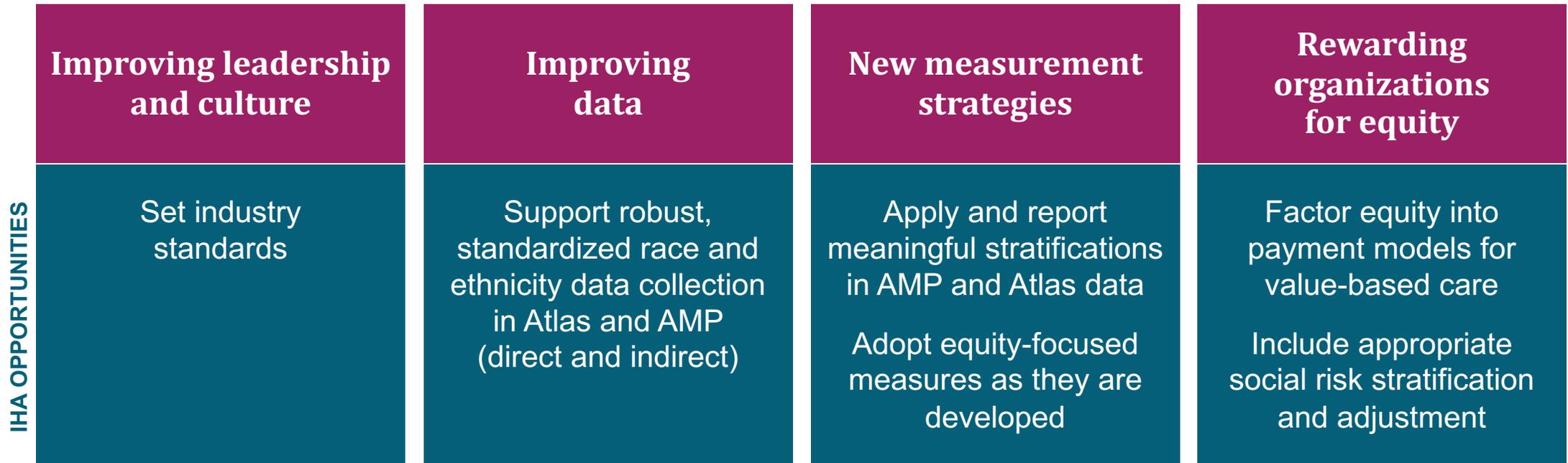


**Use the data
outside the
AMP/Atlas
infrastructure**



**Support state
policy and
regulatory
efforts**

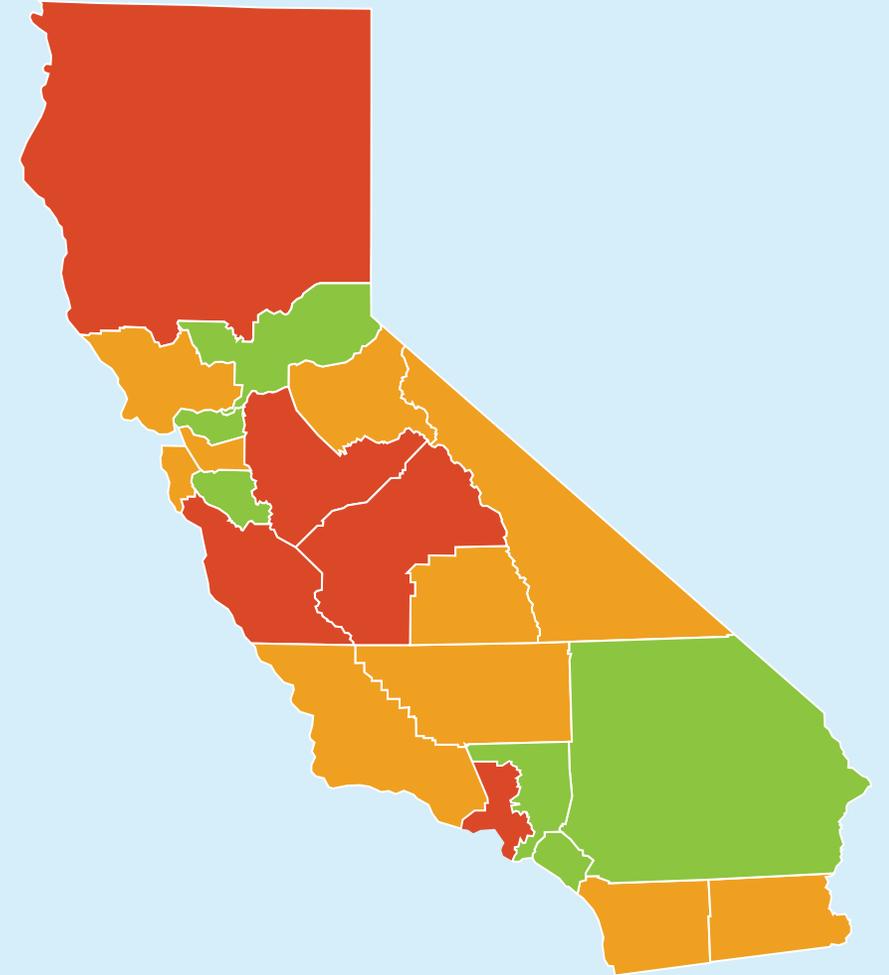
Strategies to improve racial equity and healthcare quality



O’Kane, M., S. Agrawal, L. Binder, V. Dzau, T. K. Gandhi, R. Harrington, K. Mate, P. McGann, D. Meyers, P. Rosen, M. Schreiber, and D. Schummers. 2021. An Equity Agenda for the Field of Health Care Quality Improvement. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202109b>.

IHA's Atlas

- **Measures:** Over two dozen standardized measures of clinical quality, Total Cost of Care (TCoC), patient cost sharing, and utilization
- **Includes:** Nearly 20 million Californians including Commercial HMO, PPO, ACO, and Medicare Advantage — nearly 70% of CA's non-Medi-Cal population
- **What's viewable:** Geography and product line (per business rules)
- **What's collected:** Member level detail
- **Years measured:** Since 2015
- **What's improving:** Data is now coming to IHA quarterly; 2020 data will be Q1 2022



RAND's Bayesian Improved Surname Geocoding (BISG) Method

Most health plans and delivery systems lack complete race/ethnicity data, hindering efforts to track disparities in care quality and outcomes, and effectively target community-based interventions to improve health equity

RAND's indirect estimation method, BISG, links a person's surname and residential address to Census data on race/ethnicity to produce a set of probabilities that a given person belongs to one of a set of mutually exclusive racial/ethnic groups

At the person level, BISG can measure race/ethnicity with **92-97% accuracy** for the four largest racial/ethnic groups — Blacks, Asians/Pacific Islanders, Hispanics, and Whites

Better accuracy for groups, the intended use

IHA support to DMHC health equity and quality work

DMHC is beginning work to establish and enforce health equity and quality standards for health plans, with data collection and reporting to begin in MY 2023.

This work includes:

- Convening a committee to establish a priority set of health equity and quality measures
- Allowing for flexibility as more equity-focused measures are developed

IHA and DMHC have had initial conversations on how IHA could potentially support this work. IHA has shared:

- BISG application results
- IHA committee-approved “core” measure set for IHA’s Advancing Primary Care Initiatives (APCI). This measure set could provide a first step in narrowing down priority set of equity and quality measures.
- IHA recommendation of Dr. Amarnath to DMHC Committee

“Core” measure set shared with DMHC

California Primary Care Standard Measure Set

Clinical Quality	Patient Experience (CAHPS)	Appropriate Resource Use	Cost
<ul style="list-style-type: none">Concurrent Use of Opioids and BenzodiazepinesDepression PROMS *Controlling High Blood PressureComprehensive Diabetes Care: HbA1c Poor Control > 9.0% **Colorectal Cancer ScreeningAsthma Medication RatioChildhood Immunization Status: Combination 10Immunizations for Adolescents: Combination 2	<ul style="list-style-type: none">AccessCare CoordinationOffice StaffOverall Ratings of Care CompositeProvider Communication Composite	<ul style="list-style-type: none">Emergency Department UtilizationInpatient UtilizationAcute Hospital Utilization	<ul style="list-style-type: none">Total Cost of Care using standardized pricing

*(phased approach: screening → monitoring → remission)

**Will potentially be replaced by new HEDIS measure Hemoglobin A1c Control for Patients With Diabetes (HBD)

Expanding the focus of health equity – looking beyond healthcare

How can this help improve lives?



Our panelists



Lavonna Martin, MPH, MPA

Deputy Health Director,
Contra Costa Health Services



Gilbert Salinas, MPA

Chief Equity Officer,
Contra Costa Health
Services



Anna Lee Amarnath, MD, MPH

AMP General Manager,
IHA

HEALTH OUTCOMES

ETHNICITY **ACCESS**

UNCONSCIOUS BIAS

ACTIONABLE

MEDI-CAL DATA

REIMBURSEMENT

CULTURAL

HUMILITY

DATA & MEASUREMENT

ECONOMIC OPPORTUNITIES **CAL-AIM** **QUALITY**

DISPARITIES TRAINING ENVIRONMENTAL

BENCHMARKS FACTORS

PAYMENT MODELS

CROSS-SECTOR **RACISM** BARRIERS **UNDERSERVED**

COLLABORATION ALIGNMENT **SAFETY NET** POPULATIONS

ORGANIZATIONS CULTURAL COMPETENCY

DISPARITIES **POPULATION MANAGEMENT** INCLUSION **CLINICAL RESEARCH DIVERSITY**

HEALTH EQUITY ACES SCREENINGS
MEASUREMENT

COMMUNITY ENGAGEMENT

SYSTEM-LEVEL

DISCRIMINATION
HEALTH OUTCOMES **POVERTY**

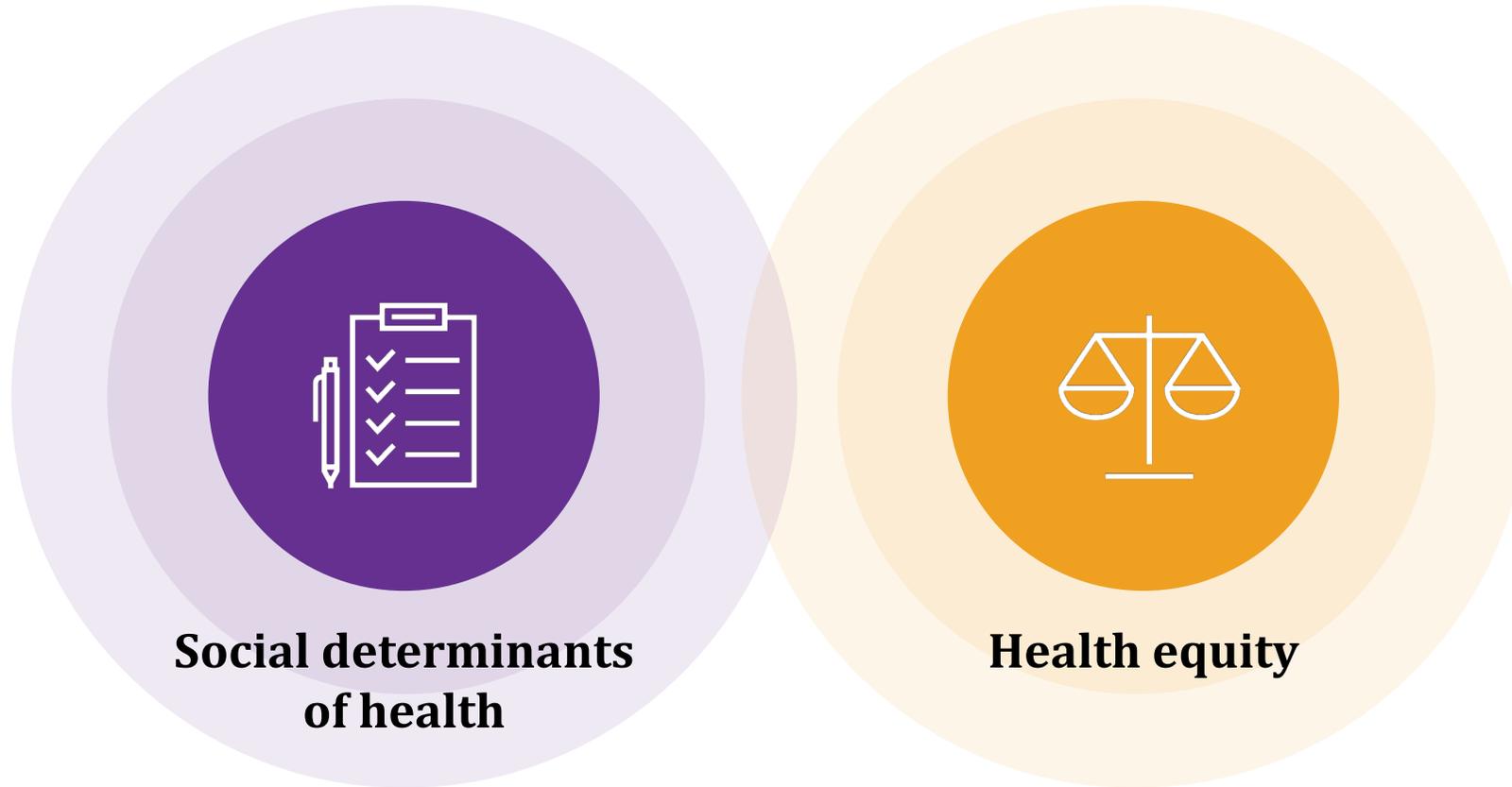
POLICY DELIVERY SYSTEM

CHRONIC DISEASES **INEQUALITY**

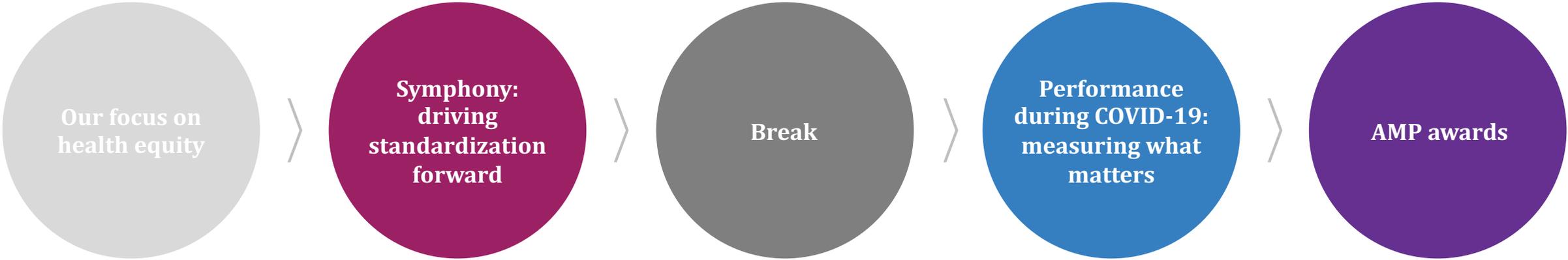
DEI INVESTING IN COMMUNITIES
LEADERSHIP **EDUCATION** NCQA

SOCIOECONOMIC

Is there a meaningful difference?



Thank you





Symphony: driving standardization forward

Jacqui Darcy, Symphony General Manager, IHA

Bill Barcellona, Executive VP Government
Affairs, America's Physician Groups

Agenda

During this session we'll cover

The Symphony vision

Progress so far

Panel discussion

Our facilitators



Jacqui Darcy

General Manager,
Symphony



Bill Barcellona

Executive VP Government Affairs,
America's Physician Groups

Our panelists



Mary Watanabe

Director, Department of
Managed Healthcare



Zigmund Brzezinski

Sr. Director of Operations
Cigna



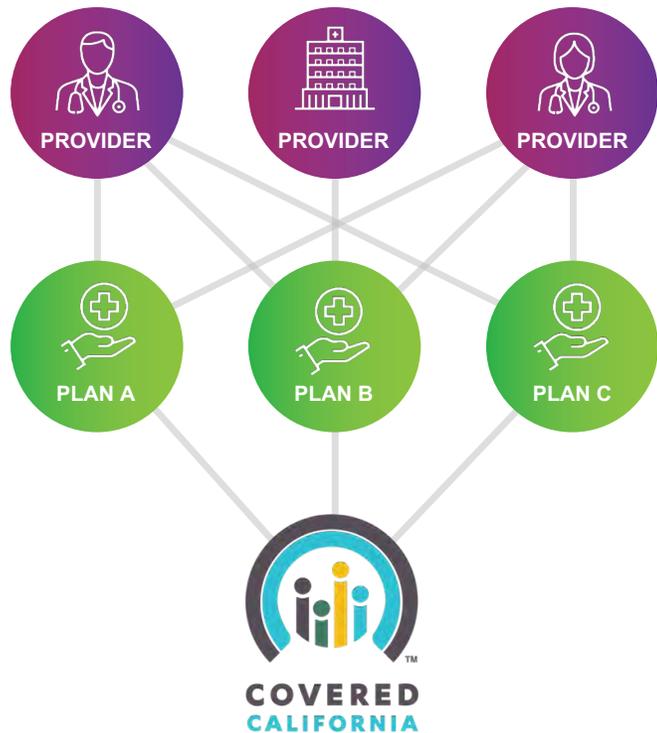
Heidi Thompson, MA

Director, Contract Operations,
Optum

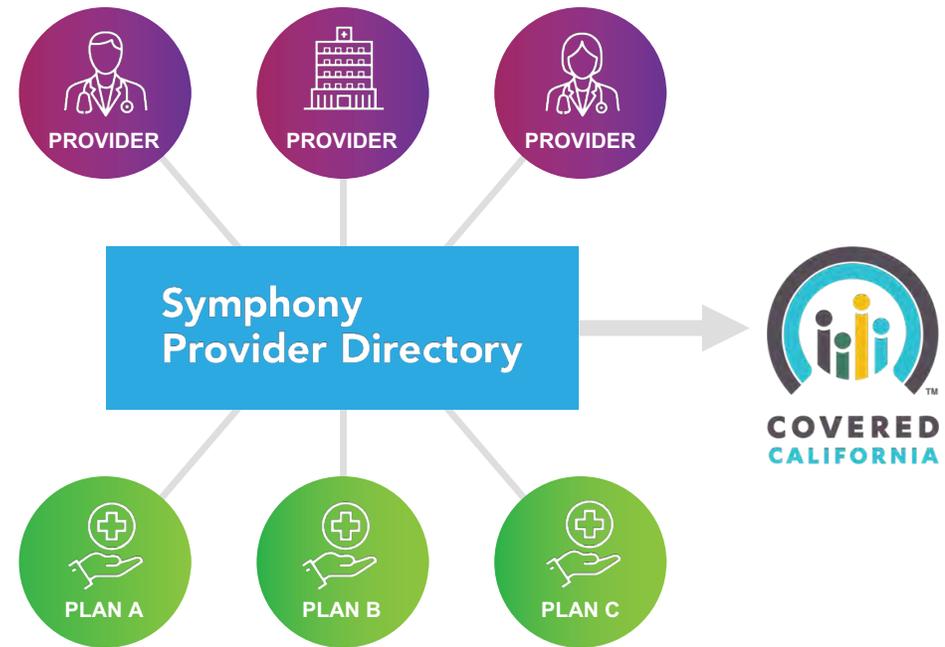
Symphony vision

The vision: Centralized provider data management in California

Current state



Future state



How Symphony works

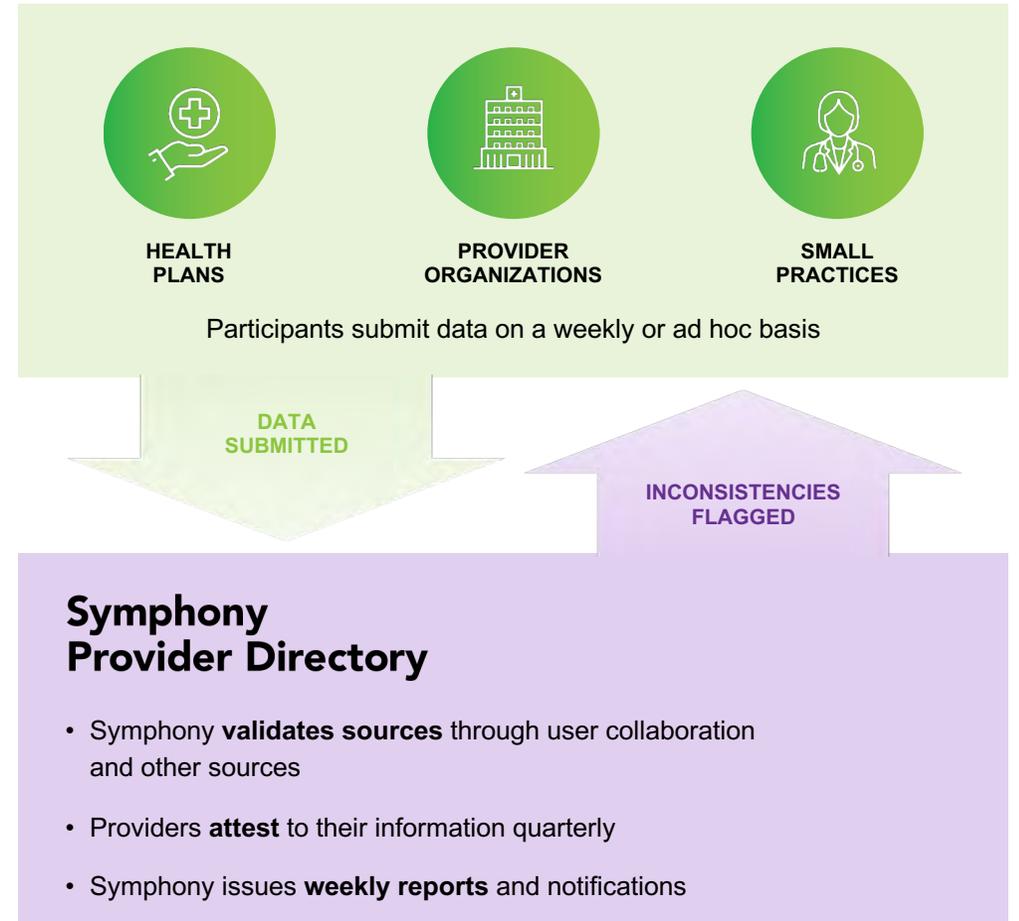
The type of provider information managed in the Symphony Provider Directory includes:

Demographic:

- Provider name
- License number
- NPI
- Phone number (service location)

Contract-level:

- Accepting new patients status
- Provider specialty
- Providers who are missing
- Providers who should be terminated



What sets Symphony apart?



Community

Driven by collaboration

A result of cross-industry collaboration with growing participation across the state from health plans and provider organizations.



Compliance

Enhanced data quality

Our growing network leads to higher quality data reconciliation, operational efficiencies, and improved accuracy of information that consumers depend on.



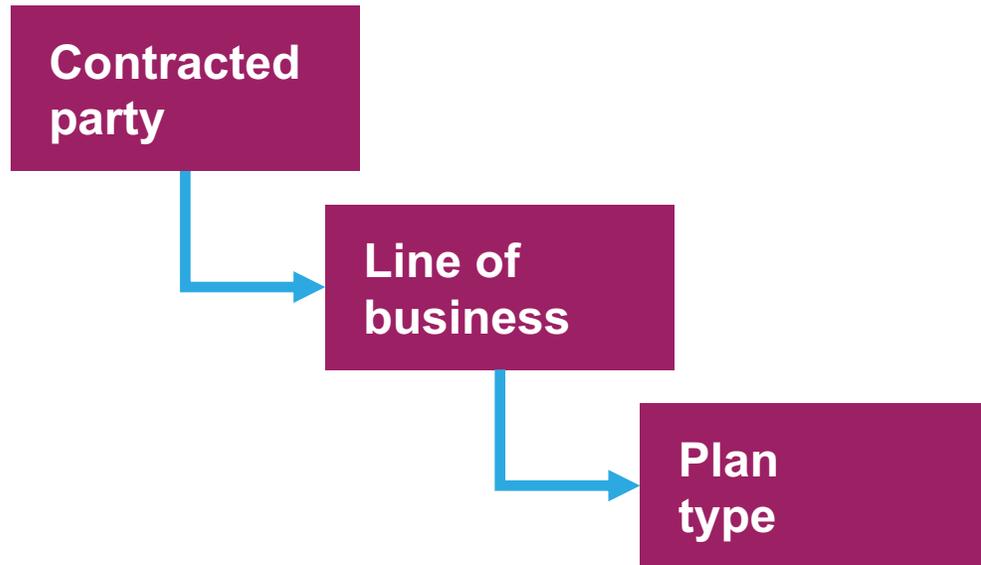
Confidence

High-touch support

From onboarding to ongoing operations, we partner with you to simplify provider data management every step of the way to reduce fatigue and administrative burden.

The importance of aligning networks

Using a common language in Symphony

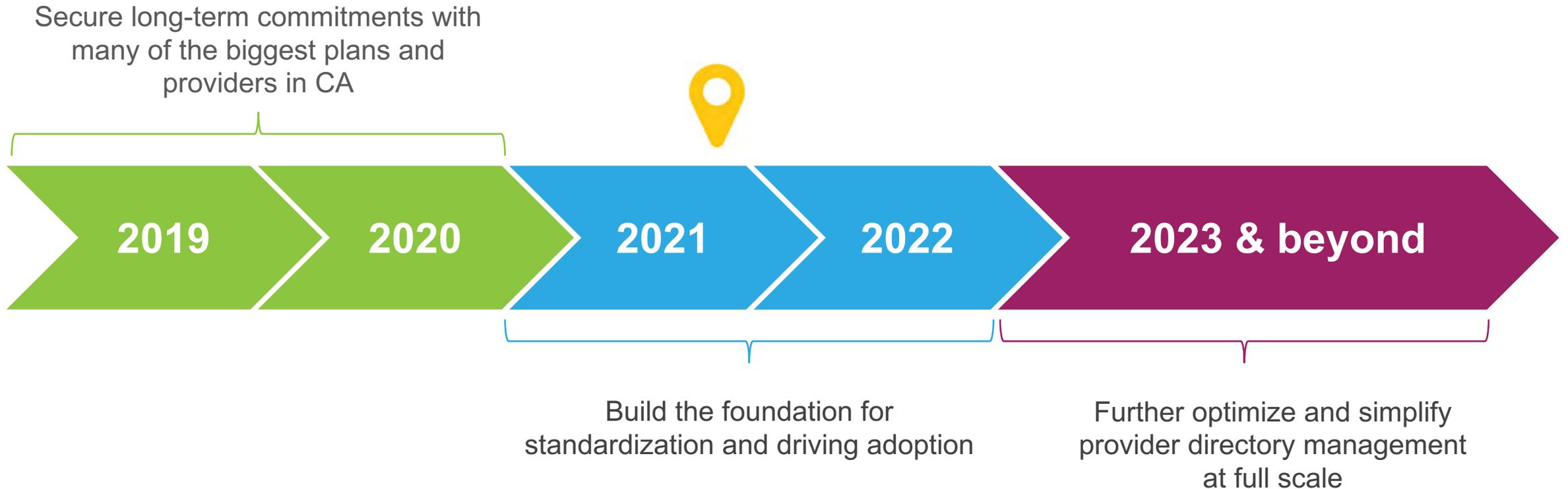


All data elements are important

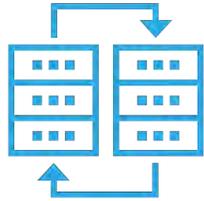
- Offers a **level of granularity** so we can exchange data in a standardized manner
- Eliminates any **proprietary labeling** so that everyone is speaking a common language
- **Allows us to scale** as we align networks across all Symphony clients and the industry

Progress to date

Symphony's path to a state-wide solution



Progress in 2021



Standardization

Expanded capabilities to drive standardization and enable bi-directional data ingestion



Data governance

Hosted three IHA Data Governance Committee meetings, representing a cross-section of health plans, provider organizations and regulators



Client education

Provided targeted 1:1 client support, educational webinars and outreach activities to drive onboarding and roll-out

Orchestrating an industry-wide movement



17

Plans & Purchasers



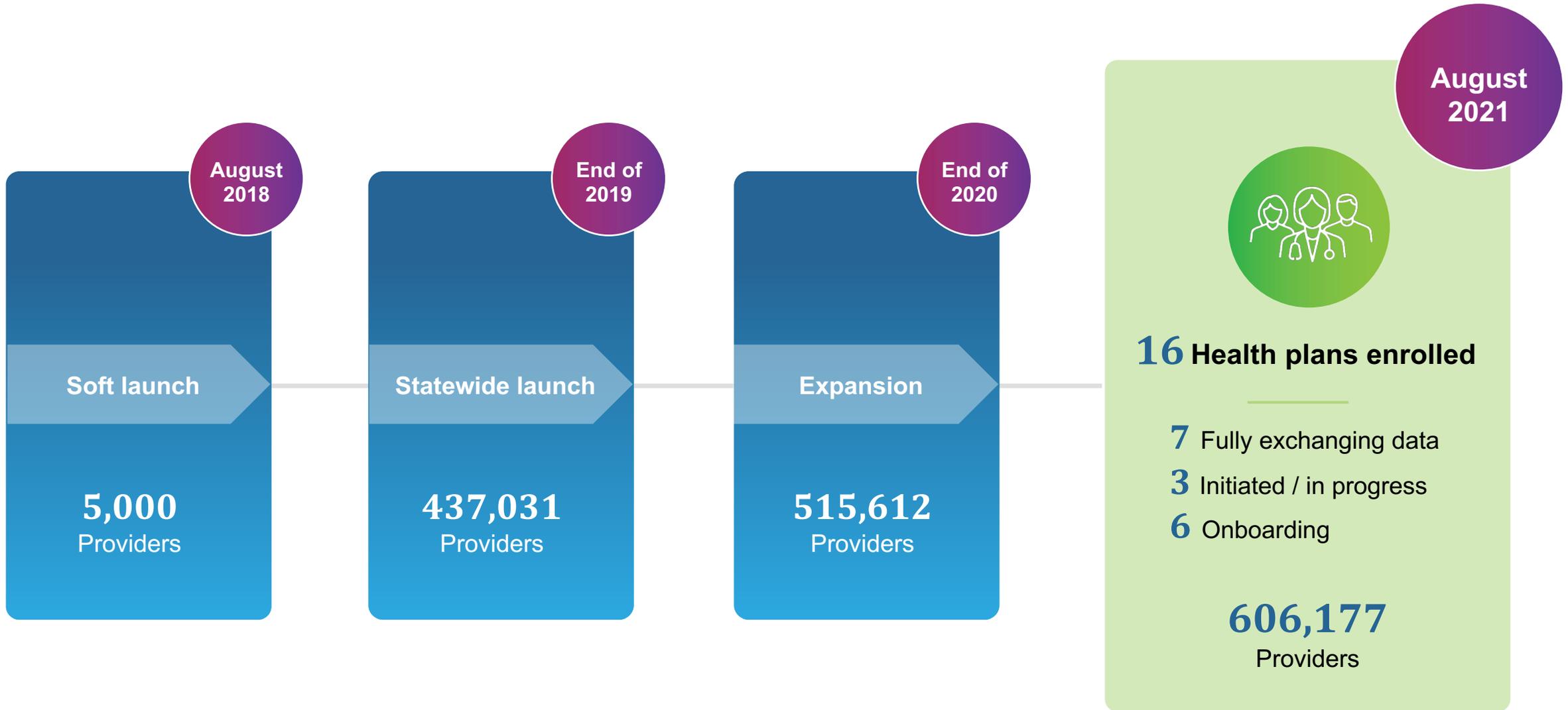
109

Provider groups



and growing!

Promising progress toward the new standard



Panel Q & A

QUESTION 1:

As the pandemic evolved, what provider network access issues presented challenges to your organization? How were you able to assess the readiness of your organization's provider network during the first few months and what work arounds were required to secure provider data?

QUESTION 2:

What do you believe the gaps in data will be in 18 months, if any?

QUESTION 3:

What challenges did you experience from a regulatory perspective as a result of the pandemic?

QUESTION 4:

As you work more with Symphony, what have you learned about Symphony in comparison to other systems?

QUESTION 5:

What is unique about working with Symphony compared to other implementations?

QUESTION 6:

How would you describe general industry pains as we drive towards standardization?

QUESTION 7:

What advice or guidance can you offer health plans and providers who would consider working with Symphony?

QUESTION 8:

What are your hopes for your organization in the future and what benefits do you see for Symphony after we reach full implementation?

QUESTION 9:

Do you have any updates about SB-137 you can share with us today? Will there be an opportunity to provide feedback or public comment on the regulation and provider directory standards? Does DMHC have any plans to change how it reviews health plan compliance with the requirements of SB-137?

The value of alignment

Realizing value



Data exchange

Industry-wide alignment and teamwork across plans



Compliance

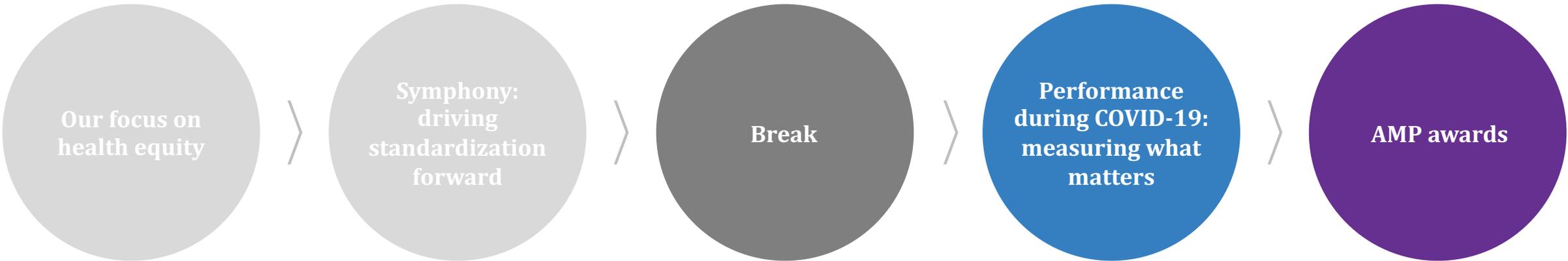
A common language that supports SB-137



Consumers

Enables health plans to deliver accurate data

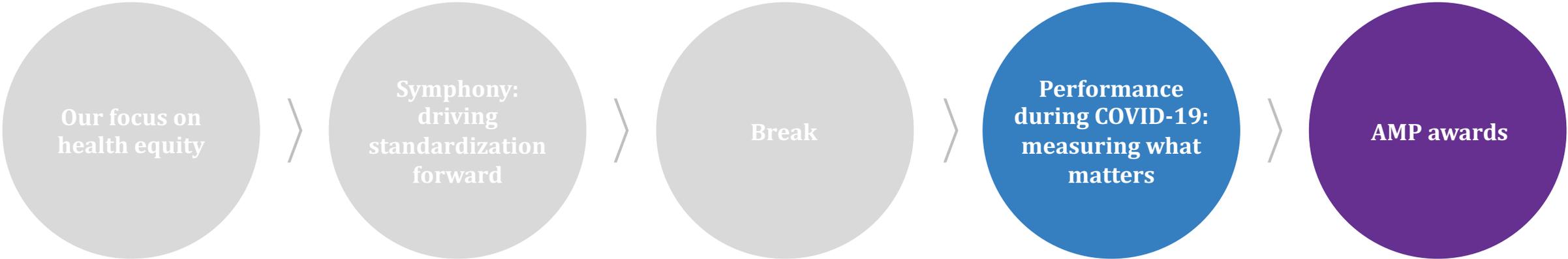
Thank you



Break

Thank you to our sponsors!





Performance during COVID-19: measuring what matters

Angela Czesnakowicz, MPH, IHA

Edith Fox, MPH, IHA



Today's presenters



Angela Czesnakowicz, MPH

Director, Data Operations

IHA



Edith Fox, MPH

Project Manager, Measure Operations

IHA

AMP enrollment remained steady in Measurement Year (MY) 2020

AMP Commercial
HMO
10.0M lives

AMP Commercial
ACO
1.1M lives

AMP Medicare
Advantage
1.8M lives

AMP Medi-Cal
Managed Care
330K lives

13.3 Million Californians

Thank you, MY 2020 AMP Program participants!

200+

Medical Groups, IPAs,
ACOs, and FQHCs



14 Health Plans



6 Industry Partners



3 Purchasers

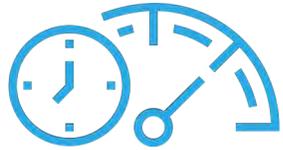


UNIVERSITY
OF
CALIFORNIA

MY 2020 AMP Program direction

Adapting AMP in MY 2020

What changed?



Common measure set

Pandemic priority measure set focused on the most critical areas of care



Health plan incentive design

Modified incentive design approach



Public reporting

Modified public reporting methodology



Public recognition

Used pandemic priority measure set to identify high performers

MY 2020 pandemic priority measure set

Commercial HMO

Measure domain	Pre-pandemic	MY 2020 pandemic priority
Clinical Quality	24	16
Advancing Care Information	2	2
Patient Experience	5	4
Appropriate Resource Use	5	4
Cost	1	1
Data Quality	1	0
TOTAL	38	27

MY 2020 clinical priorities

Four critical areas for provider focus during lockdown

1

Diabetes

- Statin therapy for patients with diabetes
- HbA1c control
- Medication adherence

2

Cardiovascular

- Controlling high blood pressure
- Statin therapy
- Medication adherence

3

Respiratory

- Appropriate antibiotic use
- Appropriate testing for pharyngitis
- Asthma medication ratio

4

Select prevention & screening

- Childhood and adolescent immunizations
- Colorectal cancer screening

MY 2020 AMP incentive design

Focus on stabilizing performance during a pandemic year

Does the provider organization qualify for an incentive?

- Focus on Quality Gate, where they can make an impact
- Waive Cost Gates since they had less control during 2020 and impacts on year-over-year trending

Did the provider organization maintain efficient resource use?

- Use attainment pathway only
- Maintain 4 of 5 appropriate resource use metrics
- Expand attainment targets so there are comparable incentive opportunities to previous years

How much is the provider organization's incentive amount?

- Adjust incentive amounts based on quality performance to ensure incentive is tied to areas of pandemic focus

Public reporting through Office of the Patient Advocate (OPA)

2021-2022 Edition Medical Group Report Card

Commercial HMO

- Medical Group Report Card for Commercial HMO to be released later this month
- Based on MY 2020 pandemic priority measure set
- Star ratings calculated using same-year benchmarks, so that provider organizations are not unfairly penalized for drops since MY 2019

Medicare Advantage

- To be generated using CMS Stars 2022 methodology



AMP Public Recognition Awards

- 2021 Awards were generated using the MY 2020 pandemic priority measure set
- Today, we'll announce winners for all three awards

**Ronald P. Bangasser
Award for Quality
Improvement**

**Top
10 Percent**
Clinical Quality
Patient Experience
Total Cost of Care

**Excellence in
Healthcare**



What's next for MY 2021

MY 2020

Committee decisions implemented:

- Pandemic priority measure set
- Updated incentive design methodology
- Updated public reporting methodology
- Existing awards methodology

MY 2021

Committee decisions made:

- MY 2021 measure set: renewed focus on screening and prevention

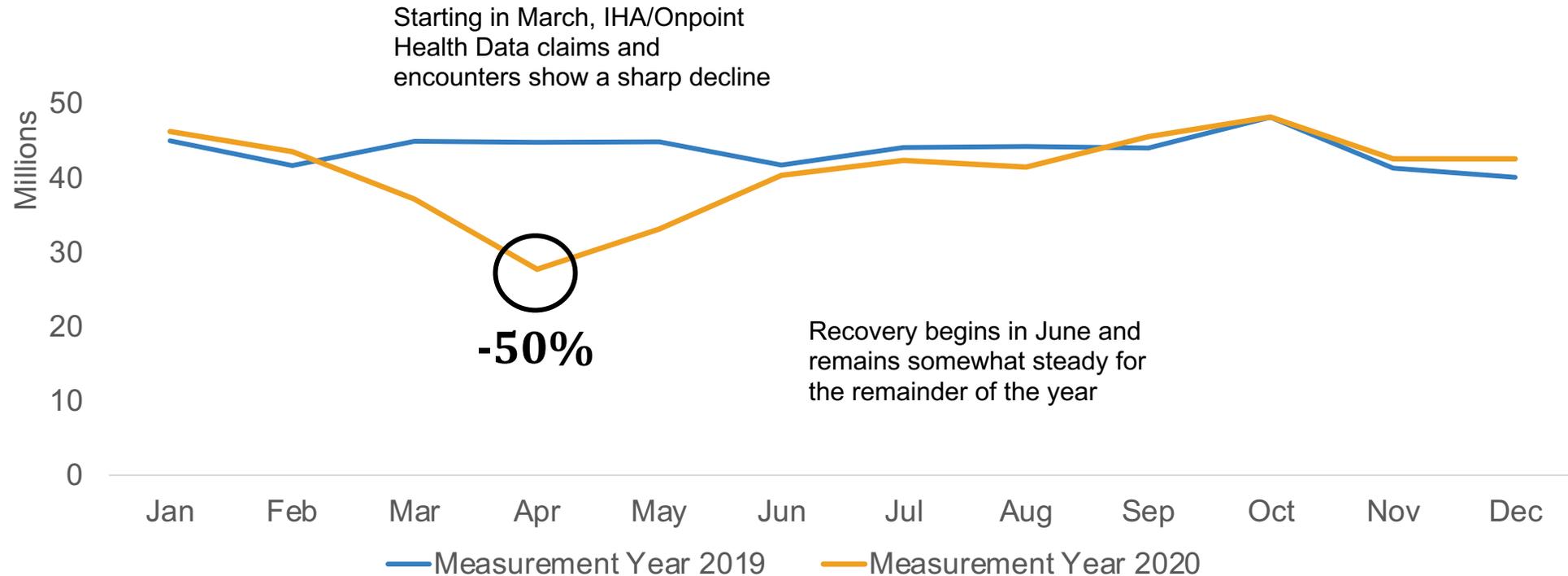
Upcoming committee discussions:

- MY 2021 incentive design approaches
- Any changes to public reporting or awards methodology

MY 2020 AMP results

Claims/encounter volume in 2020

MY 2020 California AMP health plan claims trends due to COVID



This amounts to an annual decrease of ~7% from MY 2019 to MY 2020

Clinical areas with biggest increase and decrease

Changes to AMP HMO quality and patient experience results partly due to COVID

Increase in performance



Childhood and adolescent immunization



Statin medication coverage and diabetes adherence



Overall patient satisfaction

Decrease in performance



Blood pressure



Prevention screening measures



Comprehensive diabetes care measures

And improvements translate into better patient care

HMO patient population improvement from Measurement Year 2019

1,400

more children were immunized for preventable diseases



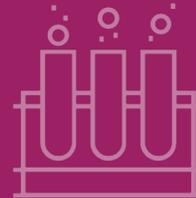
2,200

more patients with acute bronchitis were not inappropriately prescribed antibiotics



1,900

more patients received statin therapy for diabetes



1,400

more patients appropriately received asthma controller medication

MY 2020 Commercial HMO resource use and cost results

Changes partly due to COVID

Decrease in



Risk adjusted
emergency department
utilization



Risk adjusted
acute hospital utilization



Percent of outpatient
procedures in preferred
facility



Geography and
risk adjusted
total cost of care

Increase in



Average length of stay



Plan all-cause
readmissions

AMP regional breakdown

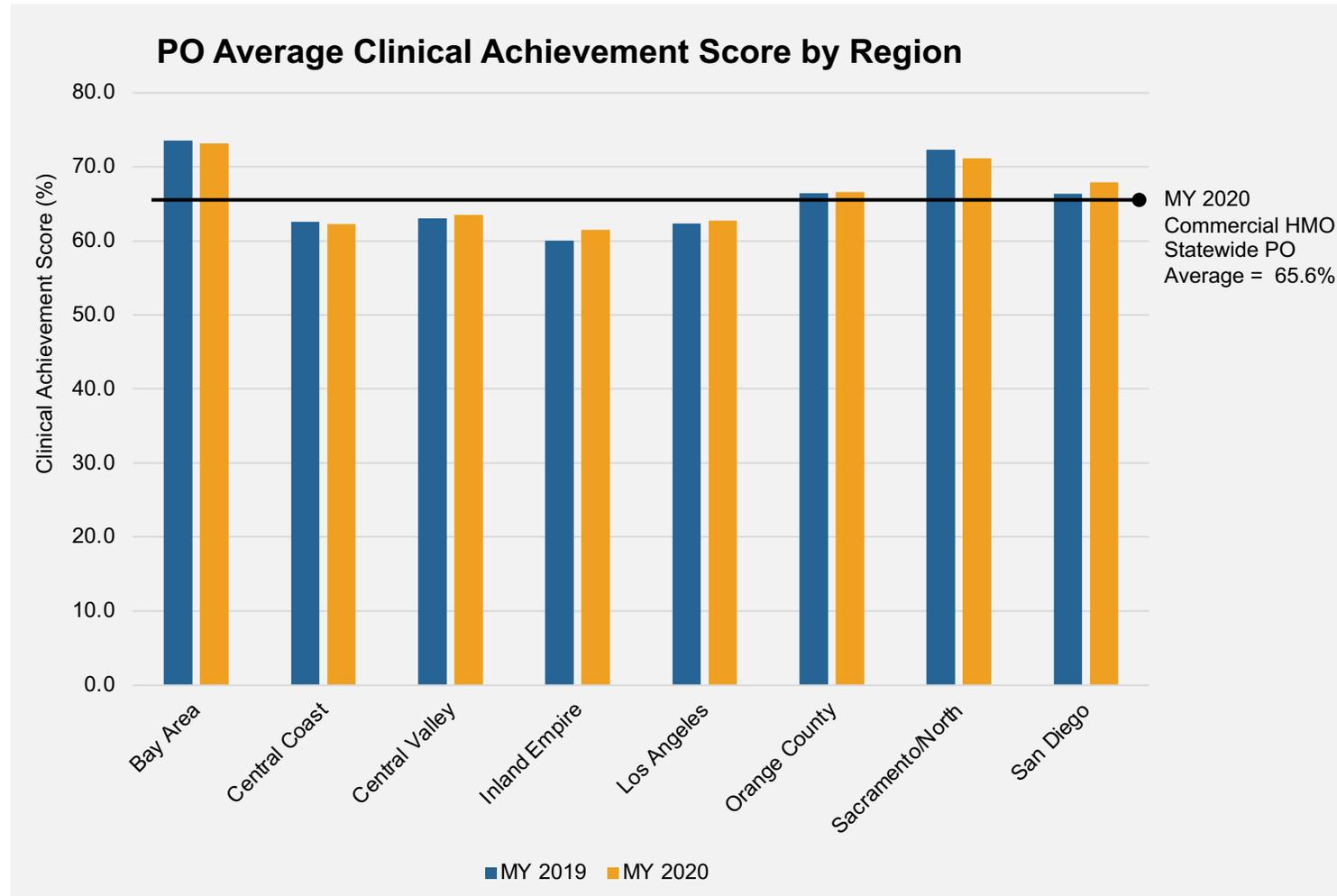
AMP results are broken out into eight regions in California. These are familiar regions that can be used to understand performance variation across the state and the impact of various circumstances.



<https://reportcard.opa.ca.gov/rc2012/topmedicalgroup.aspx>

Regional performance in clinical quality

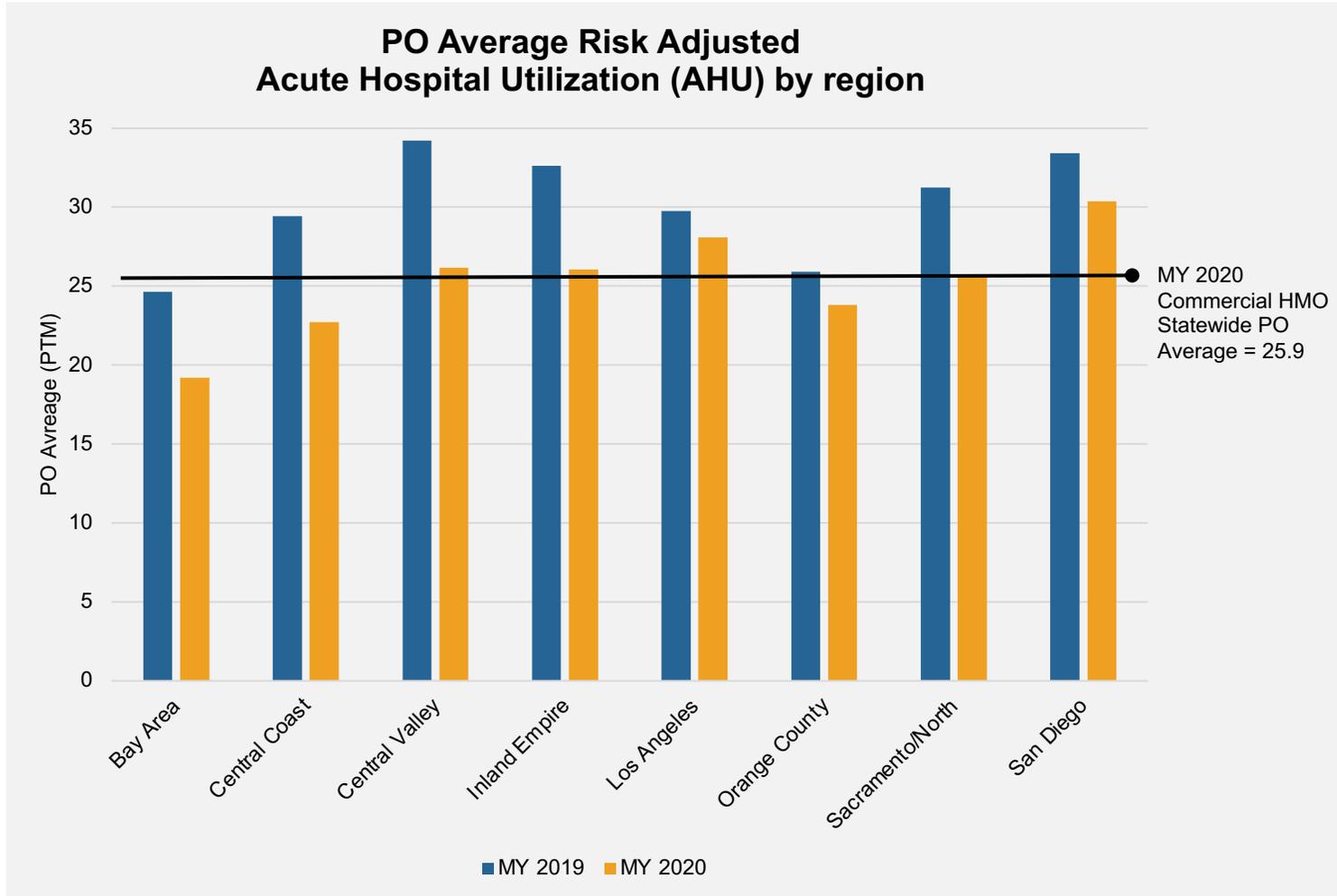
Pandemic priority measure set for Commercial HMO — *higher rates indicate better performance*



- Clinical Achievement Score includes the 16 pandemic priority measures only – half show improvement (<1 percentage point)
- Bay Area and Sacramento/North remained the top performing regions
- Still, variation across the state in performance – points to performance improvement and health equity opportunities

Regional performance in inpatient stays

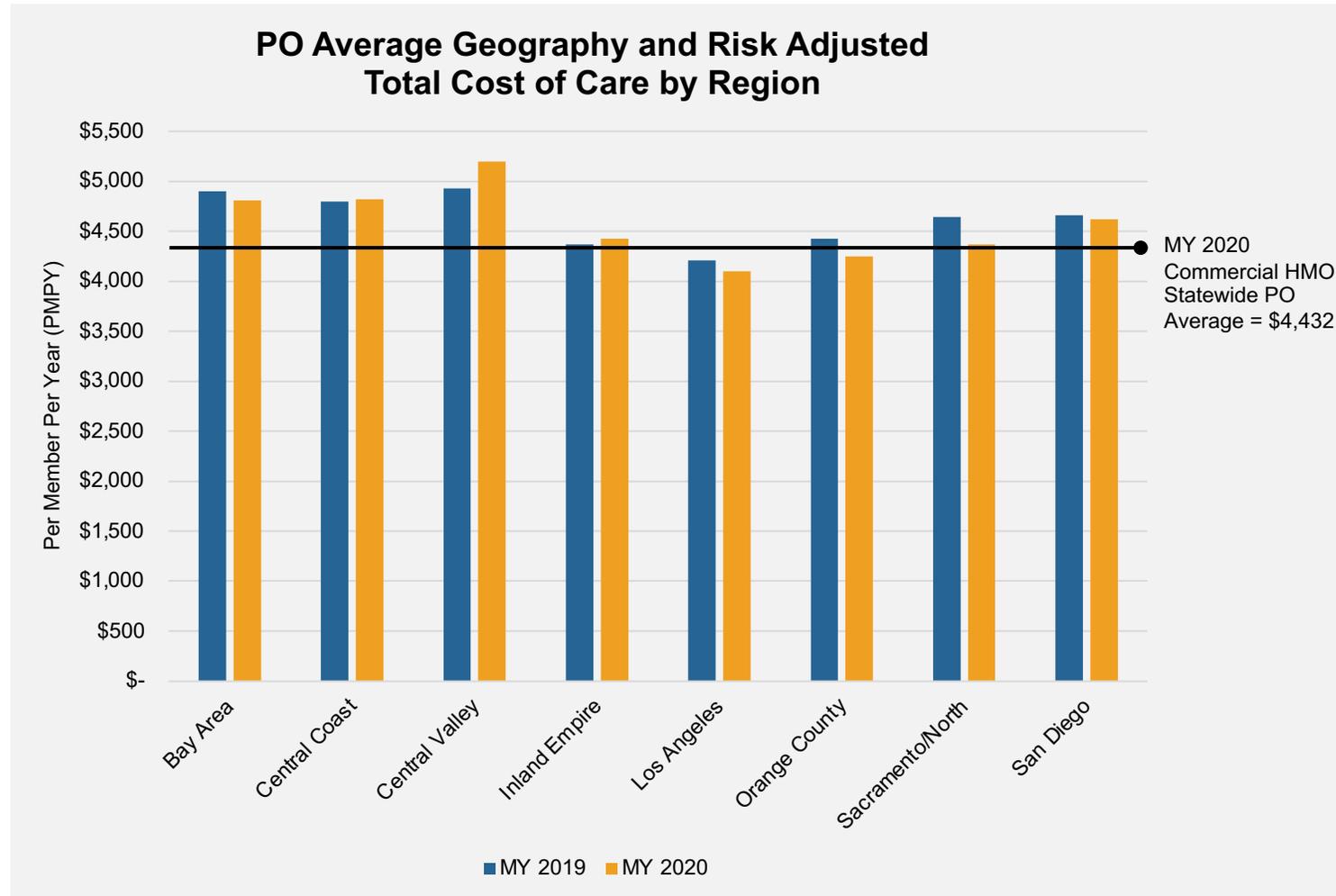
Pandemic priority measure set for Commercial HMO — *lower rates indicate better performance*



- Statewide decrease of 14%; all regions decreased
 - Los Angeles and Orange County smallest decreases
- Bay Area and Orange County remained top performing regions
- Still, variation across the state in performance – points to performance improvement and health equity opportunities

Regional performance in Total Cost of Care

Pandemic priority measure set for Commercial HMO — *lower rates indicate better performance*



- Decrease in overall Total Cost of Care, but we do see variation in cost
 - 5 of 8 regions decrease
 - Increase in Central Coast, Central Valley, and Inland Empire
- Los Angeles and Inland Empire remained top performing regions
- Still, variation across the state in performance – points to performance improvement and health equity opportunities

Provider organizations still made improvement

Two top 25th percentile Quality organizations



Marnie Baker, MD, MPH, FAAP

Medical Director, Performance Improvement,
MemorialCare Medical Foundation



Trung (Andy) Dang, MD

Medical Director of Quality and Population
Health, Sharp Rees-Stealy Medical Group



Los Angeles County

Orange County



-  MemorialCare Medical Centers
-  Miller Children's & Women's Hospital Long Beach
-  MemorialCare Shared Services
-  Children's Specialty Care Centers
-  Urgent Care Centers
-  MemorialCare Medical Group
-  Hospital-Based Imaging Centers
-  Community-Based Imaging Centers

-  Breast Centers
-  Dialysis Centers
-  MemorialCare Surgical Centers
-  Community-Based Physical Therapy Centers
(Beverly Hills and West Covina Locations not shown)
-  Hospital-Based Physical Therapy Centers
-  Affiliated Physician Groups
(Includes Greater Newport Physicians)



Los Alamitos Future Site

Long Beach

Huntington Beach

Fountain Valley

Newport Beach

Laguna Hills

Laguna Niguel

Dana Point

San Clemente

Torrance

Downey

Brea

Yorba Linda

Anaheim

Anaheim Hills

Westminster

Irvine

Mission Viejo

MemorialCare: Who We Are

Network Facts: by the numbers

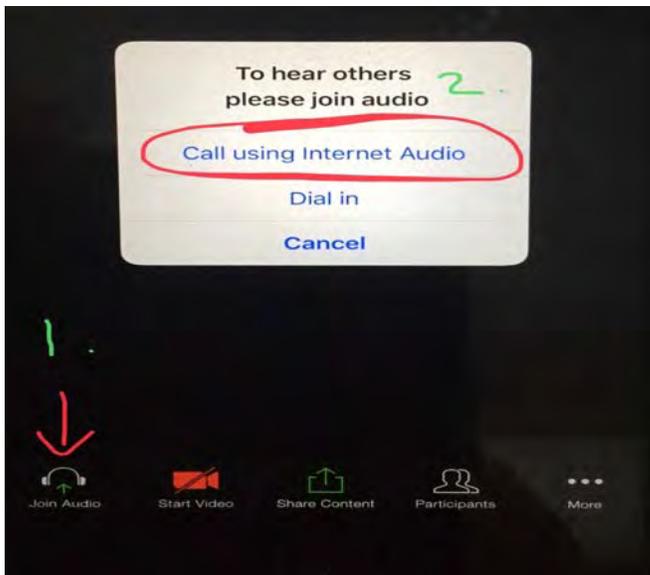
- 4 award-winning hospitals
- 30 health centers
- 260 primary care physicians
- 28 ambulatory imaging centers
- 8 surgical centers
- 12 urgent care centers
- 13 community-based dialysis sites
- 7 home-based dialysis programs
- 26 ambulatory physical therapy centers
- 1.7M patients each year
- 14,000+ employees & physicians



COVID 2020



After this is over, can us essential employees get a month of quarantine while the rest of y'all run things for a minute?



MemorialCare Medical Foundation

Quality Performance Improvement Playbook

- Set your goals
- Commit to the goals
- Make it easy for everyone to achieve the goals



MemorialCare Medical Foundation

Setting Clinical Quality Goals Amidst COVID

Considerations:

- Patients First
- Consolidate measure priority across multiple lines of business
- Resources



MemorialCare Medical Foundation

Committing to Clinical Quality Goals

Considerations:

- Align the C-suite with the staff
- Design an incentive
- Secure IT resources



MemorialCare Medical Foundation

Making it Easy to Achieve Goals

- Communicate. Educate. Motivate. Repeat.
- Transparent accountability
- Visibility of progress from point of care to executive level
- Engage your patients

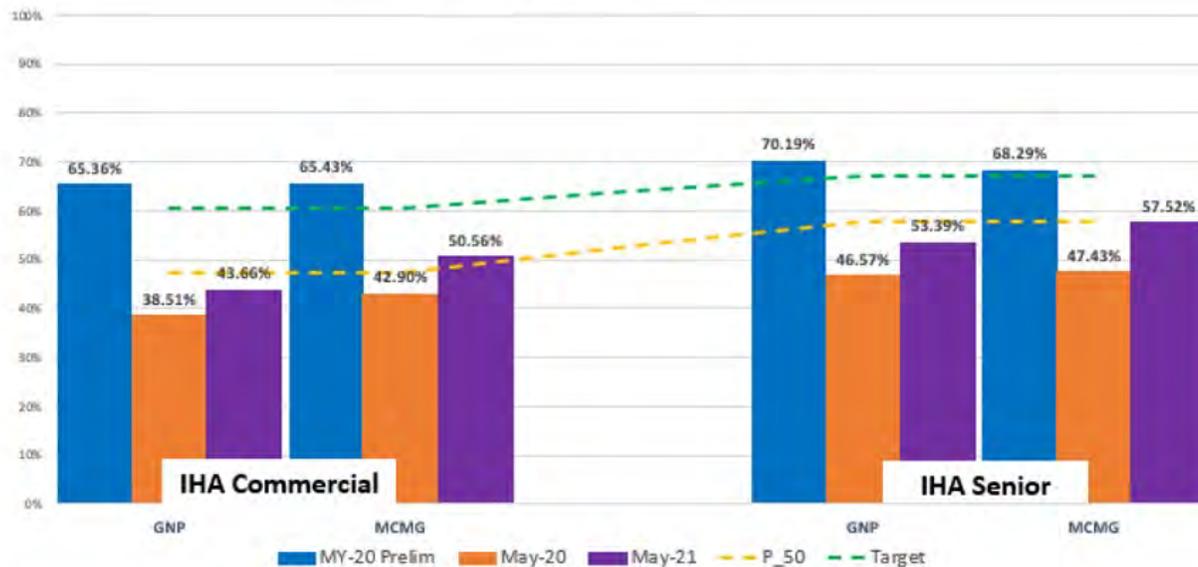


Sample Visibility Board/Performance Report

MCMF Performance Improvement Visibility Board
Target: ↑ Blood Pressure Control (<140/90)
Focus: Patients with Hypertension

Current State/Graphs:

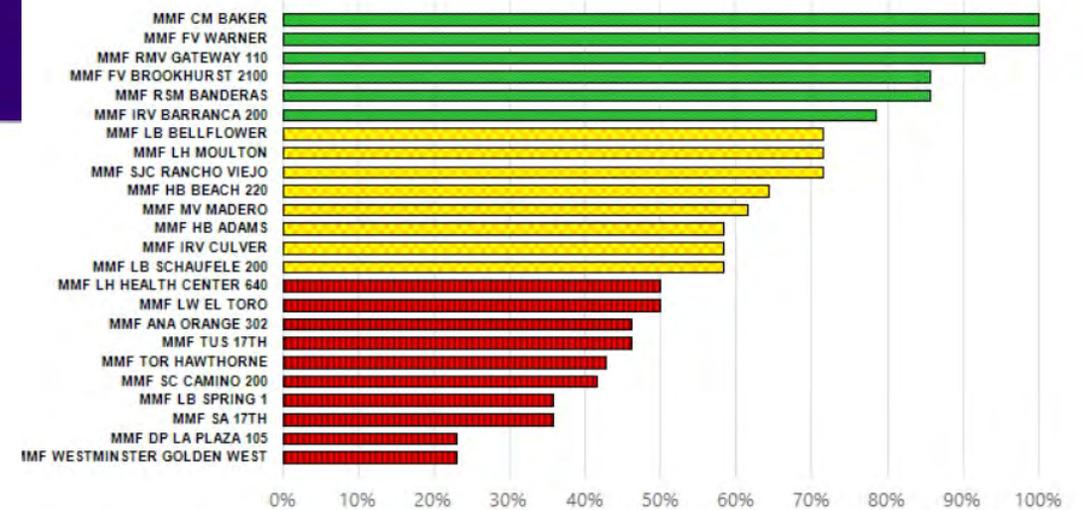
Controlling High Blood Pressure



Reporting Month : Oct-21

MCMG Quality Composite Progress

Report Run on: 10/18/2021
2:21:48 PM



MemorialCare Medical Group

Success: Controlling Blood Pressure

- Leveraged virtual visits to capture blood pressures and advanced illness and frailty exclusions
- Standard work alternating MD and nurse or virtual visit every two weeks until blood pressure controlled
- Webinars, tip sheets, monthly meetings with site “quality champions”
- Nursing staff education with American Heart Association’s “7 Simple Tips to Get an Accurate Blood Pressure Reading”



*MemorialCare Medical Group
& Greater Newport Physicians*



7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

Sources:

1. Pickering, et al. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals Part 1: Blood Pressure Measurement in Humans. *Circulation*. 2005;111: 697-716.
2. Handler J. The Importance of accurate blood pressure measurement. *The Permanente Journal/Summer 2009/Volume 13 No. 3* 51

This 7 simple tips to get an accurate blood pressure reading was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at <https://www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources>.

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TARGET: **BP**



Awards and Accolades

Highly ranked,
year over year.



Other Recognitions:

- American Heart Association and the American Medical Association Gold Medal status for Target: A1c Control and Type 2 Diabetes Control with a Silver Medal for Target: BP Control.
- Orange County Register's Best of Orange County: Orange Coast Medical Center, Saddleback Medical Center, MemorialCare Medical Group, Edinger Medical Group
- APG Standard of Excellence Exemplary Status: MemorialCare Medical Group, Greater Newport Physicians, Edinger Medical Group
- Integrated Healthcare Association (IHA) Excellence in Healthcare Award (2020): MemorialCare Medical Group, Greater Newport Physicians

Provider organizations still made improvement

Two top 25th percentile Quality organizations



Marnie Baker, MD, MPH, FAAP

Medical Director, Performance Improvement,
MemorialCare Medical Foundation



Trung (Andy) Dang, MD

Medical Director of Quality and Population
Health, Sharp Rees-Stealy Medical Group

Adapting to COVID-19

Andy Dang, MD

Medical Director of Quality and Population Health

Sharp Rees-Stealy Medical Group



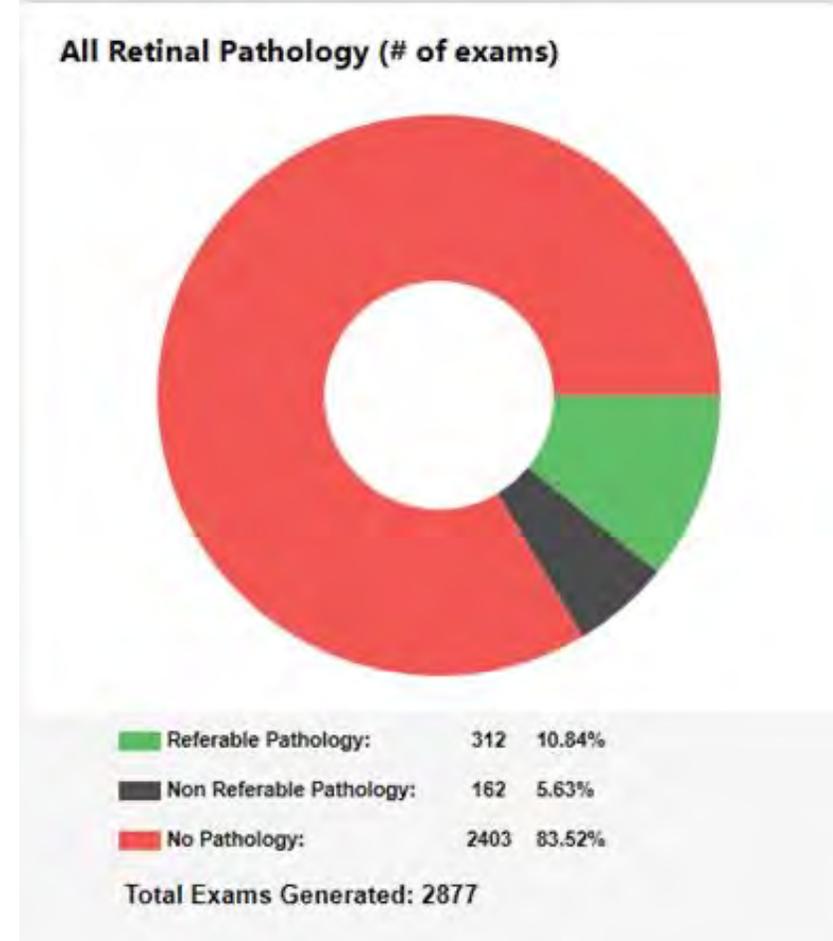
- Multi-specialty medical group with 19 clinic locations throughout San Diego, 5 urgent cares, 7 retail pharmacies
- Primary & specialty care, with ancillary services under one roof, at most locations
- 2,500 Employees
- 557 Physicians + ~100 APPs
- Average HMO enrollment >185,000 and 1.4m physician visits
- 30+years managing care under population-based payment structures

Population Health Nurse Clinics

- Regional Approach
- BP checks
- Flu vaccines
- Retinopathy Screening

Diabetic Retinopathy Screening

- Retinopathy screening
 - Cameras deployed in PCP offices



Competition

- Gamification
- Quarterly Awards

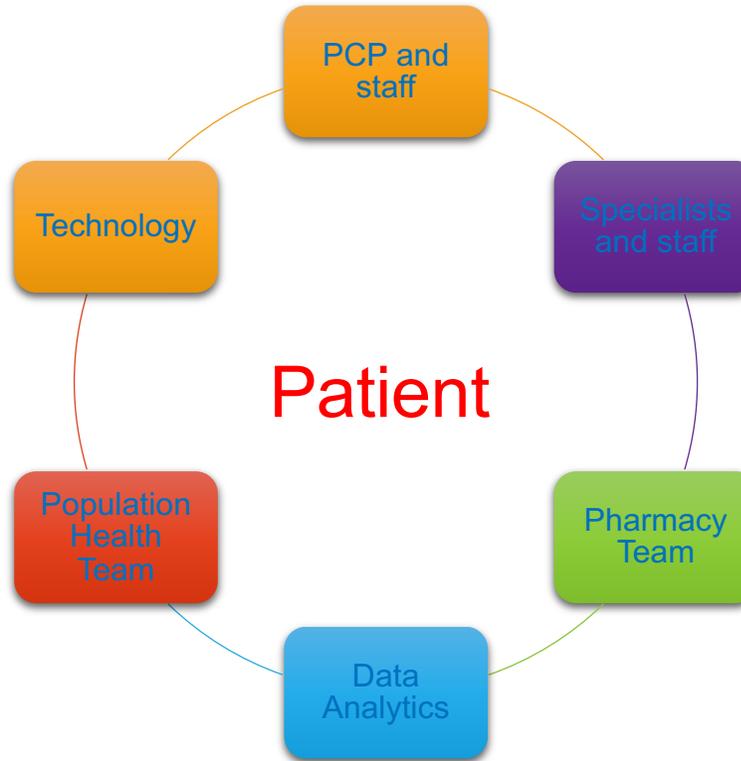


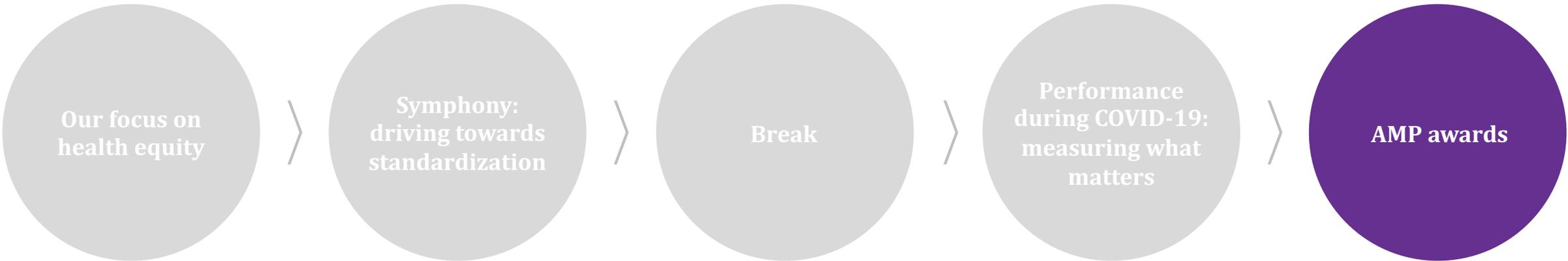
Colorectal Cancer Screening

- Mail home FIT kits for average risk patients
 - 42% return rate since May 12, 2020

Our Goal

- Place the patients first







MY 2020 Align. Measure. Perform. Annual Awards

Jeff Rideout, MD, President &
Chief Executive Officer, IHA

Mary Watanabe, Director, California Department of
Managed Health Care

Welcome!



Jeff Rideout, MD

President &
Chief Executive Officer

IHA



Mary Watanabe

Director

California Department of
Managed Health Care

AMP Commercial HMO Recognition

**Ronald P. Bangasser
Award for Quality
Improvement**

**Top
10 Percent**
Clinical Quality
Patient Experience
Total Cost of Care

**Excellence in
Healthcare**



**Ronald P. Bangasser
Award for Quality
Improvement**

This Year's Ronald P. Bangasser Award Winners

**Accelerating the
pace of healthcare
quality improvement
– 7.1x higher than
average!**

Bay Area

**Sutter East Bay Medical Group /
Sutter East Bay Medical
Foundation**

Central Coast

Sansum Clinic

Central Valley

**Bakersfield Family
Medical Center/Heritage
Physician Network**

Inland Empire

Riverside Medical Clinic

Los Angeles

Pioneer Provider Network

Orange County

**Prospect Northwest Orange
County Medical Group**

Sacramento/Northern California

Sutter Independent Physicians

San Diego

**Mercy Physicians
Medical Group**



**Top 10% Clinical
Quality, Patient
Experience and
Total Cost of Care**

This Year's Top 10% — Clinical Quality

Setting the bar for
high quality clinical
care — 18% higher
performance

Edinger Medical Group

Kaiser Permanente Northern California Permanente Medical Group

- Redwood City Medical Center
- San Francisco Medical Center
- San Jose Medical Center
- San Rafael Medical Center
- Santa Clara Medical Center
- South San Francisco Medical Center

Kaiser Permanente Southern California Permanente Medical Group

- Baldwin Park
- Los Angeles
- Orange County
- Panorama City
- San Diego
- Woodland Hills

Sharp Rees-Stealy Medical Group

Sutter Medical Foundation — Sutter Medical Group

Sutter Palo Alto Medical Foundation — Mills-Peninsula Division/Mills-Peninsula Medical Group

Sutter Palo Alto Medical Foundation — Palo Alto Foundation Medical Group

UC San Diego Health

This Year's Top 10% — Patient Experience

Delivering care
that meets
patient's needs —
10% better
performance

Cedars-Sinai Health Associates

Cedars-Sinai Medical Group

**Children's Physicians Medical Group,
in partnership with Rady Children's
Health Network**

**Kaiser Permanente Northern
California Permanente Medical Group
— Santa Clara Medical Center**

Mid County Physicians Medical Group

Mission Heritage Medical Group

NorthBay Medical Group

Saint John's Physician Partners

Sansum Clinic

Scripps Clinic Medical Group

**Sutter East Bay Medical Group / Sutter
East Bay Medical Foundation**

**Sutter Medical Foundation — Sutter
Medical Group**

**Sutter Palo Alto Medical Foundation —
Palo Alto Foundation Medical Group**

UCLA Medical Group

**UCLA Medical Group —
Santa Monica Bay Physicians**

This Year's Top 10% — Total Cost of Care

Solving for affordable care is critical to addressing healthcare access — 30% lower costs

Access IPA

Advantage Health Network

Allied Pacific of California IPA

Associated Hispanic Physicians of Southern CA

Crown City Medical Group

Desert Valley Medical Group

Family Care Specialists IPA

Family Choice Medical Group (Conifer Health Solutions)

Family Health Alliance (Conifer Health Solutions)

Hemet Community Medical Group

Korean American Medical Group, Inc.

La Maestra Family Clinic, Inc.

Nivano Physicians, Inc.

Preferred IPA of California

Premier Healthcare

Providence Medical Group Napa

Prudent Medical Group

Seoul Medical Group

St. Vincent IPA



**Excellence in
Healthcare Award**

Excellence in Healthcare Award Winners Drive Value



Quality

7%
higher than
average



Patient Experience

5%
higher than
average



Total Cost of Care

\$487
lower annual
costs per member

Let's find out who they are...

Excellence in Healthcare Award Winners





**Congratulations
to all!**

A Focus on Health Equity

IHA's 2021 Virtual Stakeholders' Conference



Thank you

Questions? Get in touch at events@iha.org

A recording of today's event will be sent out to all attendees!