



IHA's 2022 Virtual Stakeholders' Conference

Aligning for Success

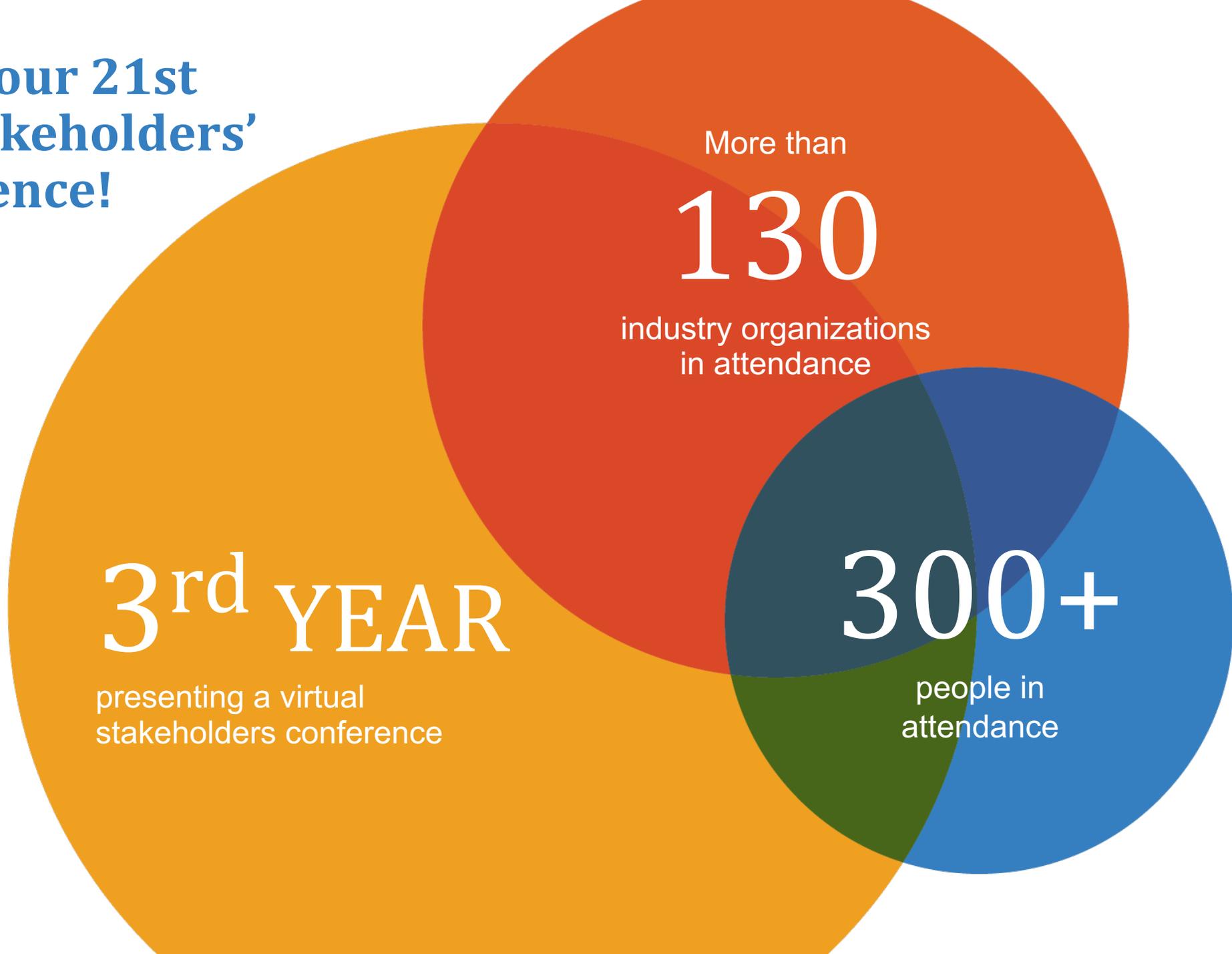


Welcome



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

This is our 21st IHA Stakeholders' Conference!



Thank you to our affiliate members!



Today's program

What to expect from each session

The Road Ahead: IHA's Strategic Plan

Building the Next Generation of Symphony

Break

A Focus on Primary Care and Health Equity

2022 AMP awards

The Road Ahead: IHA's Strategic Plan

- Development of IHA's 2023-2025 strategic plan
 - Board Special Committee met five times in 2022
 - IHA board level approval at our November 9 Summit, including new 2023 budget commitments
- Focused on building on IHA's data infrastructure and reporting capabilities

Building the Next Generation of Symphony

- Symphony platform optimization
- Improved data quality and reporting capabilities
- Client value expansion — growth of current client base and client type expansion

A Focus on Primary Care and Health Equity

- Trends and insights from AMP MY2021 results
- Industry alignment to strengthen primary care
- Strategic alignment on performance measurement in the AMP measure set

2022 AMP awards

- Top-performing provider organizations
- Most improved (year-to-year) provider organizations

The Road Ahead: IHA's Strategic Plan

Jeff Rideout, MD, MA FACP

President & Chief Executive Officer, IHA



Performance measurement and reporting in 2023-2025

- New and (ever) expanding healthcare requirements and public accountability
- IHA as a **trusted, unbiased healthcare information source**
- How to connect those two concepts in order to provide value for our members



What everyone is expecting, demanding and regulating



How it shows up — new and expanded programs and requirements

California and beyond

Department of Healthcare Services (DHCS)

- Medi-Cal Managed Care Plan (MCP) Procurement and County Model Changes
- FQHC Alternative Payment Methodology Project
- Population Health Management (PHM) Program and Service
- California Advancing and Innovating Medi-Cal (CalAIM)

Department of Managed Care (DMHC)

- SB 137 (amendments expected in 2023)
- Health Equity committee — regulating based on health equity performance

Health and Human Services (HHS)

- Data Exchange Framework

Purchasing Expectations

- Individual employers and coalitions
- Covered California, CalPERs

Centers for Medicare and Medicaid Services (CMS)

- No Surprises Act
- RFI — provider directory

Dept of Health Care Access and Information (HCAI)

- Health Care Payments Database (HPD)
- Office of Health Care Affordability (OHCA)

We have worked hard and intentionally to position IHA as a Trusted, Unbiased Healthcare Information source



Performance Measurement

Manage **country's largest alternate payment model** measuring provider organization (PO) level quality, utilization, and total cost of care performance

Manage one of the country's **largest voluntary multi-payer claims databases**

Partner with Onpoint Health Data in the winning bid as HCAI's **Healthcare Payments Database (HPD) analytic vendor**

Support **analytic needs for clients** (e.g., Covered California)



Provider Directory Management

Manage **500,000 unique and validated provider records under contract**



Industry Leadership

Formal member of the **DMHC's Financial Standards Solvency Board** and new **Health Equity and Quality Committee**

Informally share **technical expertise** with HCAI for HPD

The insights we currently produce



Provider quality and total cost of care variation

- By financial risk type — capitated, non-capitated, and mixed
- AMP Program
- For Accountable Care Organizations (ACOs)



Plan quality and total cost of care variation

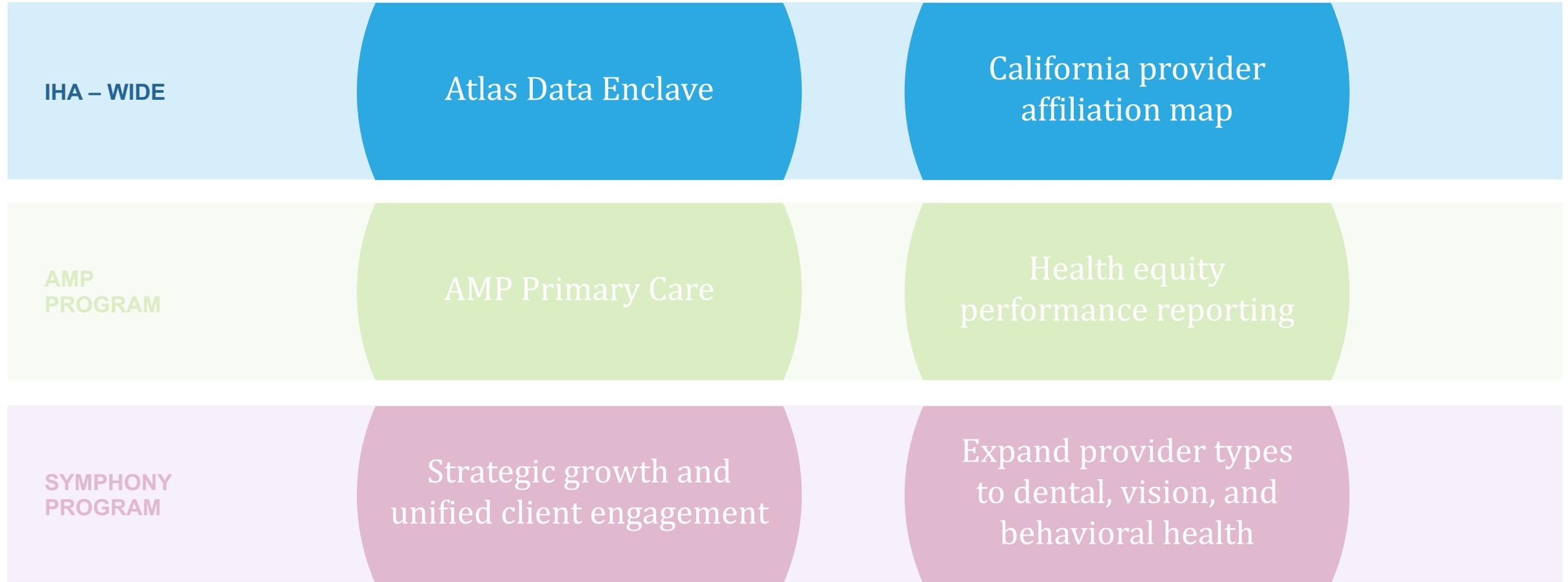
- By commercial health plan and/or LOB — **Atlas**
- By geography – Covered CA region, county, etc. — **Atlas**
- For existing and new Covered CA QHPs (analysis initiated by Covered CA)



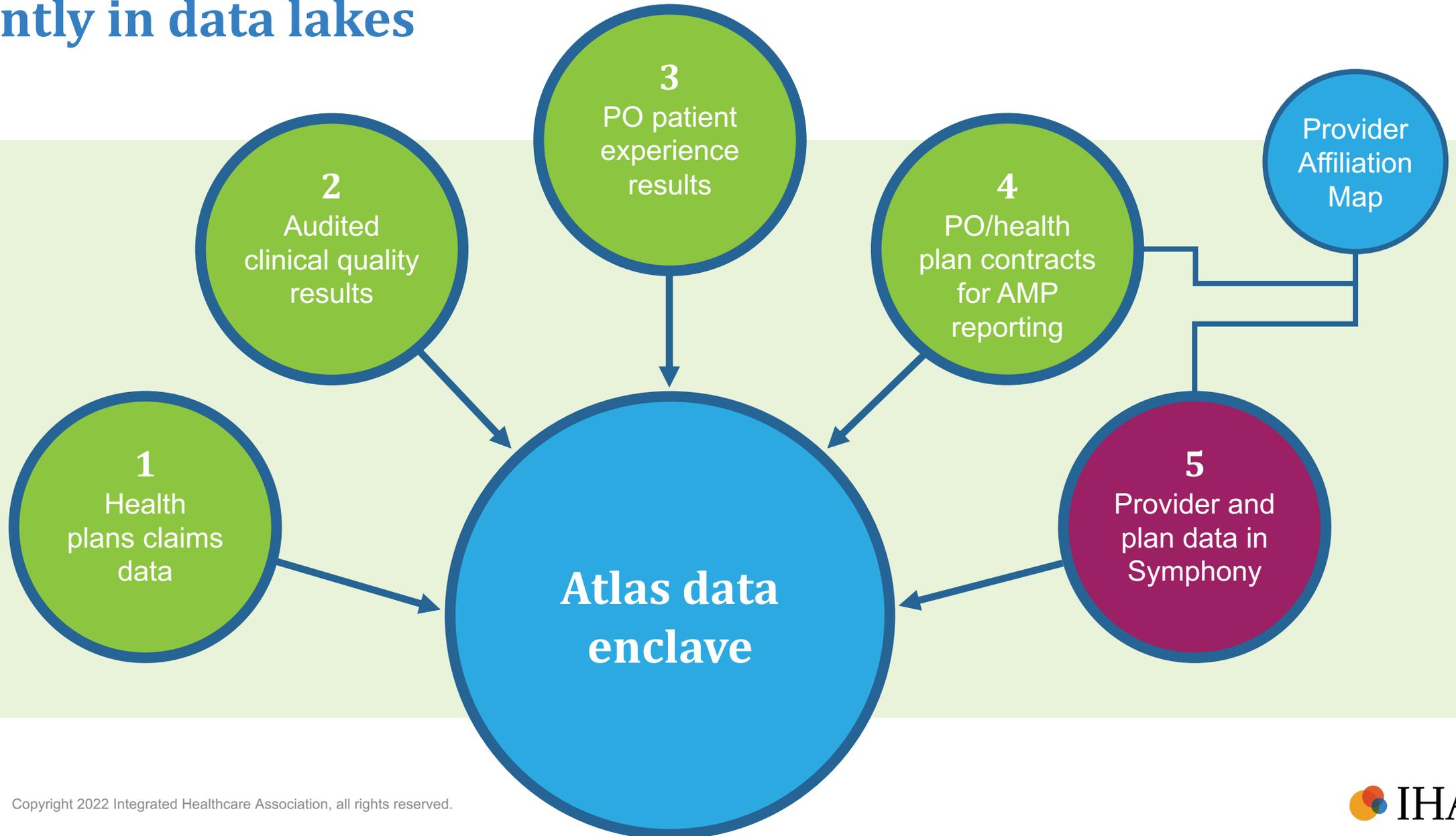
Other insights

- **Primary care spending** as a percent of total spending by product type and plan (analysis initiated by Covered CA)
- Quality and total cost of care for providers in non-financial risk sharing referral networks (analysis initiated by Covered CA)

IHA new initiatives for 2023–2025



We have lots of data – currently in data lakes



What's next?

The Road Ahead: IHA's Strategic Plan

Building the Next Generation of Symphony

Break

A Focus on Primary Care and Health Equity

2022 AMP awards



Building the next generation of Symphony

Jacqui Darcy, Symphony General Manager, IHA



Our facilitator



Jacquie Darcy

General Manager,
Symphony

Agenda

During this session we'll cover:

- Welcome and introduction
- IHA/Symphony overview
- Availity overview
- Symphony product roadmap
- Panel discussion



Our panelists



Mark Martin

Vice President of Product Management at Availity



Kimberly Peoples

Business Change Manager, Anthem



Serra Fox

Senior Network Specialist, Covered California



Quincy Roberts

Senior Manager, Provider Network Operations, MedPOINT



About Integrated Healthcare Association



Who we are

A non-profit business funded by the healthcare industry to streamline provider directory management

Our board of directors includes leaders from across the healthcare industry



What we do

Align healthcare around shared goals and new possibilities

Use data and insights to help everyone improve

Build what's needed to drive lasting change

Symphony: Orchestrating an industry-wide movement

Cloud-based platform, uniting California health plans and providers to improve provider directory management

The Symphony Advantage:



Single Source of Truth

Standardize provider data sharing and streamline submission process



Compliance, Simplified

Ensure top-level data accuracy with complex regulatory mandates



Higher Quality Data

Improve data accuracy over time with advanced machine learning capabilities





19 California plans and purchasers





Symphony Provider Directory

100+ Provider groups

are participants of Symphony with many more attesting via Availity PDM App



Building the future of Symphony

Symphony powered by Availity: A next-generation provider data platform

The path to a more advanced platform:

- Improved ease of use
- More efficient and scalable
- Higher data quality



2019

Secure long-term commitments with biggest plans and providers in CA

2021

Lay the foundation for standardization and adoption

2022

Expand partnership with Availity to drive next-generation platform

Availity Named Single-Source Technology Partner for California's Centralized Provider Directory

2023+

Increase participation In 2023 and beyond + continued enhancements

About Availity

Who is Availity?

As the nation's largest health information network, Availity facilitates over **13 billion clinical, administrative, and financial transactions** annually. Availity's expertise in healthcare utility creation and technology, including their ingestion technology that is already built, aligns with our vision of long-term viability for Symphony. Regarding Provider Data, Availity has deployed a nationwide provider data management solution since January, 2017.

Availity's role with Symphony?

Availity has been a Symphony partner since our commercial launch in 2019, initially responsible for the integration with their Provider Data Management portal (PDM). As of 2022, Availity is IHA's sole technology partner for the Symphony Provider Directory with a **large-scale platform transition** in progress across all Symphony clients



Next-Generation Symphony

Improved ease of use

Availity is rebuilding the automation around data exchange and consumption to provide consistency in results for all clients

Reporting improvements to drive faster turnaround of results

More efficient and scalable

Core to the rebuild is a goal that when adding new clients the system will not slow down. Building for future growth with Symphony in the California market

Improved data quality

Every update introduced by any client can change the master record.

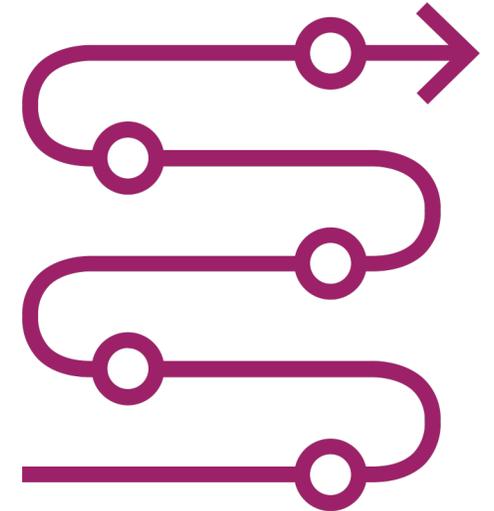
Building the system that improves quality and reduces inaccuracies is a design model being improved

Where we're focused now

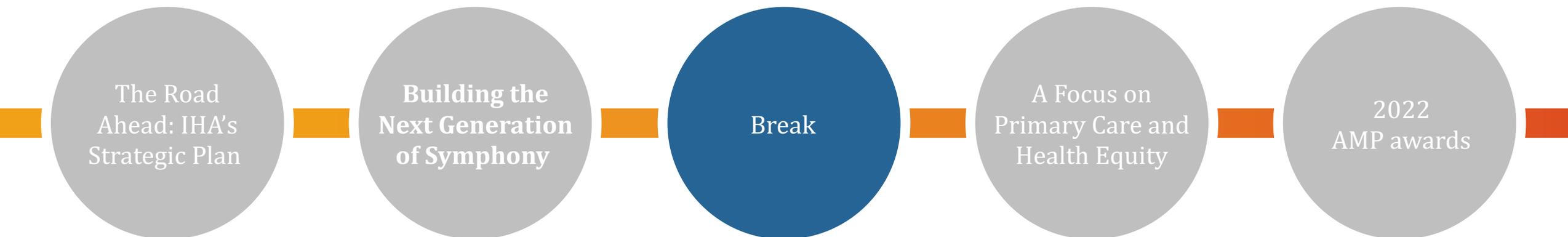
Symphony product roadmap

Symphony product enhancements in the works

- **Data model and policy expansion** — improved accuracy and data granularity, additional compliance requirements, and new policies for ancillary provider data
- **Refresh of our data quality framework** and enhanced reporting
- **Expanded portal capabilities** for Health Plans and Providers including reporting and rosters
- **Development of standard inbound and outbound file exchange capabilities**
- **Additional data exchange capabilities** such as explicit Add/Terms, and more automated error-handling
- **Supporting new strategic client implementations** including Covered California



Thank you



The Road
Ahead: IHA's
Strategic Plan

**Building the
Next Generation
of Symphony**

Break

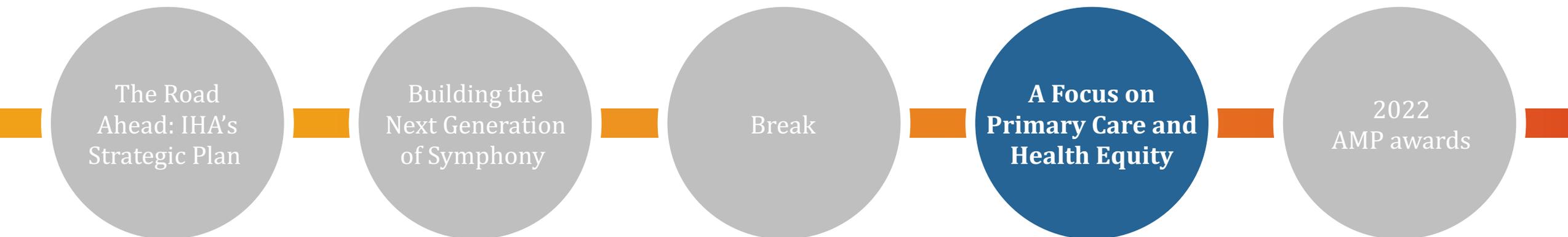
A Focus on
Primary Care and
Health Equity

2022
AMP awards

Break

Thank you to our sponsors!





The Road
Ahead: IHA's
Strategic Plan

Building the
Next Generation
of Symphony

Break

**A Focus on
Primary Care and
Health Equity**

2022
AMP awards



A Focus on Primary Care and Health Equity: *Driving Industry Alignment around Healthcare's Top Priorities*

Anna Lee Amarnath, MD, MPH, IHA

Julia Tremaroli, IHA

Alice Chen, MD, MPH, Covered California

Christine Castano, MD, OptumCA

Agenda

- Introduction
- Trends and insights from AMP results
- Industry alignment to strengthen primary care
- Strategic alignment in the AMP Measure Set
- Closing



Statewide AMP enrollment by program

10.0M lives

AMP Commercial
HMO

1.8M lives

AMP Medicare
Advantage

1.8M lives

AMP Medi-Cal
Managed Care

13.6 Million Californians

AMP program participants

200+

Medical Groups, IPAs, ACOs, and FQHCs



13 Health Plans

6 Industry Partners

3 Purchasers

Our first speaker



Julia Tremaroli

Project Manager, AMP

IHA

Trends and insights from AMP results

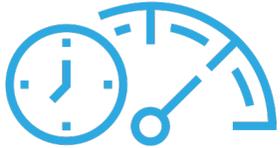
Julia Tremaroli

Project Manager, AMP, IHA



Moving forward amidst a pandemic

- Following a shift to “pandemic priorities” in MY 2020, AMP returned to a wider view of performance in MY 2021
- AMP featured a renewed focus on preventive care and returned measures on patient experience and resource use across its primary use cases:



**Common
measure set**



**Health plan
incentive design**

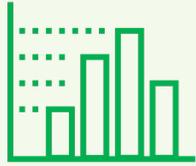


**Public
reporting**



**Public
recognition**

Trends in MY 2021 AMP Commercial HMO results since MY 2020



General maintenance or improvement in **clinical quality** as providers adapted to pandemic conditions



Increases in some **resource use** measures in 2021 following 2020 lockdowns



Slight decreases in **patient experience**, following substantial increases between 2019 and 2020



Increases in **total cost of care**

Clinical areas with noteworthy improvements

Changes to AMP HMO clinical quality in MY 2021 compared to MY 2020

Improvement following pandemic drops



Prevention and screening measures



Comprehensive diabetes care measures

Sustained improvement throughout pandemic



Childhood immunization



Statin medication coverage and diabetes adherence

Improvements translate into better patient care

HMO patient population improvement from MY 2020

55,000

more adults were
screened for
colorectal cancer



10,600

more patients were
screened for
chlamydia



30,000

more patients
received eye exam
screenings for
diabetes



10,600

more patients with
diabetes had blood
sugar within suggested
clinical range



MY 2021 Commercial HMO resource use and cost results

Changes after COVID in MY 2020

Decrease in



Risk adjusted
acute hospital utilization



Plan all-cause
readmissions

Increase in



Average length
of stay



Percent of outpatient
procedures in preferred
facility



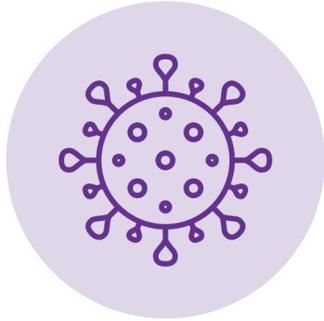
Risk adjusted
emergency department
utilization



Geography and
risk adjusted
total cost of care

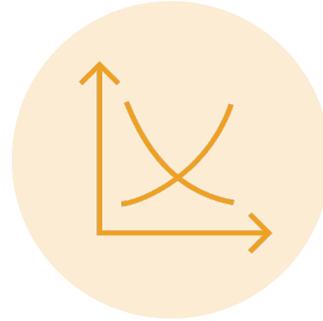
Trends in utilization and total cost of care results

What we've heard from AMP participants...



COVID-19 pandemic persisted

- Resilience of healthcare organizations during evolving pandemic conditions
- COVID-19 surges
- Costs related to COVID-19 vaccination, testing, and patient care



Supply-and-demand mismatch

- Services deferred in MY 2020 were addressed in MY 2021
- Some care diverted to higher cost organizations
- Impact on both volume of utilization and access to services



Other cost drivers

- Healthcare workforce as part of “The Great Resignation”
- Supply chain pressures
- Rising inflation

Thank you

Our guest speakers



Alice Chen, MD, MPH

Chief Medical Officer,
Covered California



Christine Castano, MD

Corporate Medical Director for
Quality,
OptumCA

Industry alignment to strengthen primary care

Alice Hm Chen, MD, MPH

Chief Medical Officer, Covered California



Why focus on strengthening primary care

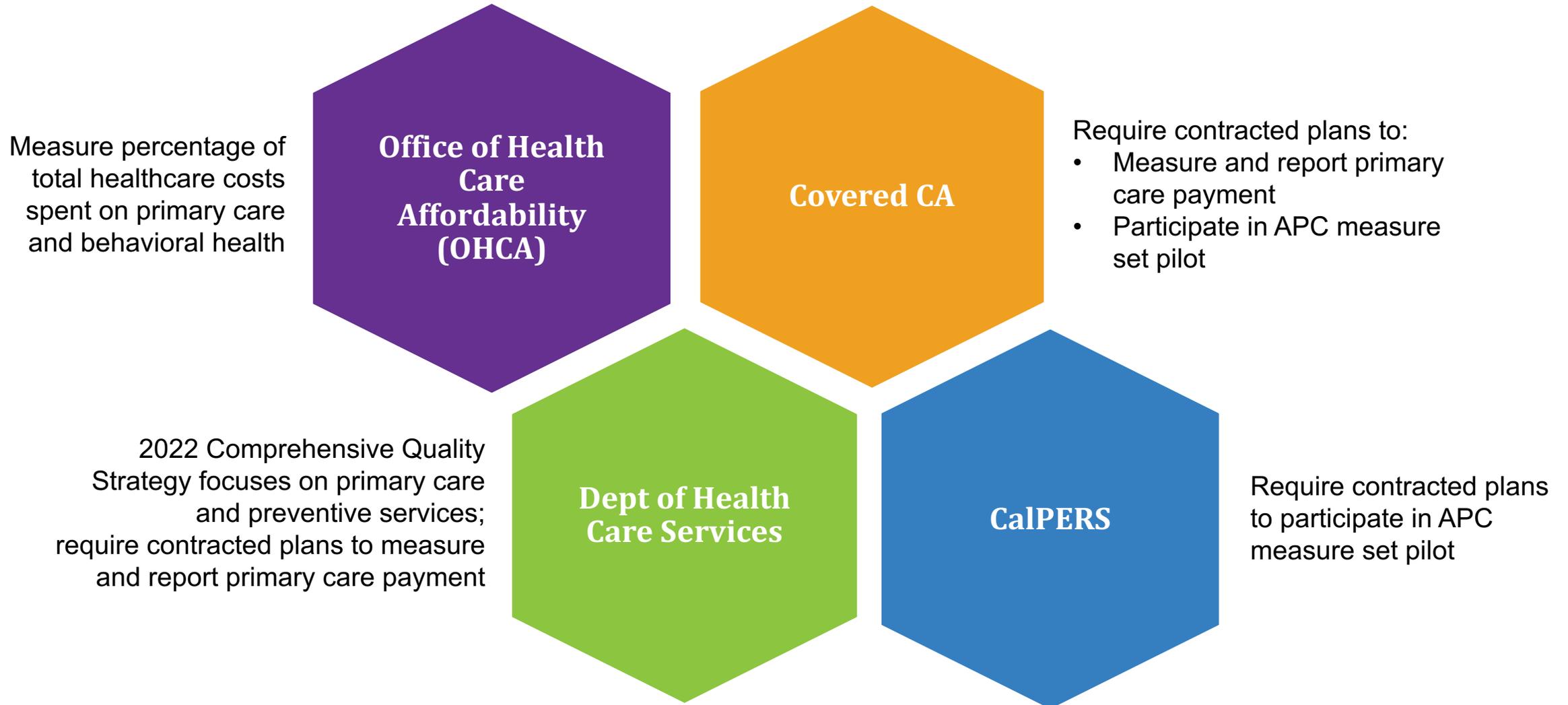
An increased supply of primary care is associated with better population health and more equitable outcomes

Yet, primary care suffers from generations of underinvestment

- More than half of office visits in the US are to primary care clinicians, but PCPs make up only 30% of the physician workforce and are supported by only 5.4% of national health expenditures
- Other OECD countries spend approximately 15% of their total health expenditures on primary care
- One in five Americans live in a federally designated Primary Health Professional Shortage Area



Policy focus and alignment on primary care spending



Primary Care Investment Coordinating Group of California (PICG)

Coordinating initiatives through information sharing and collaboration

Convened by the California Health Care Foundation to support primary care investment strategies and activities, PICG brings together

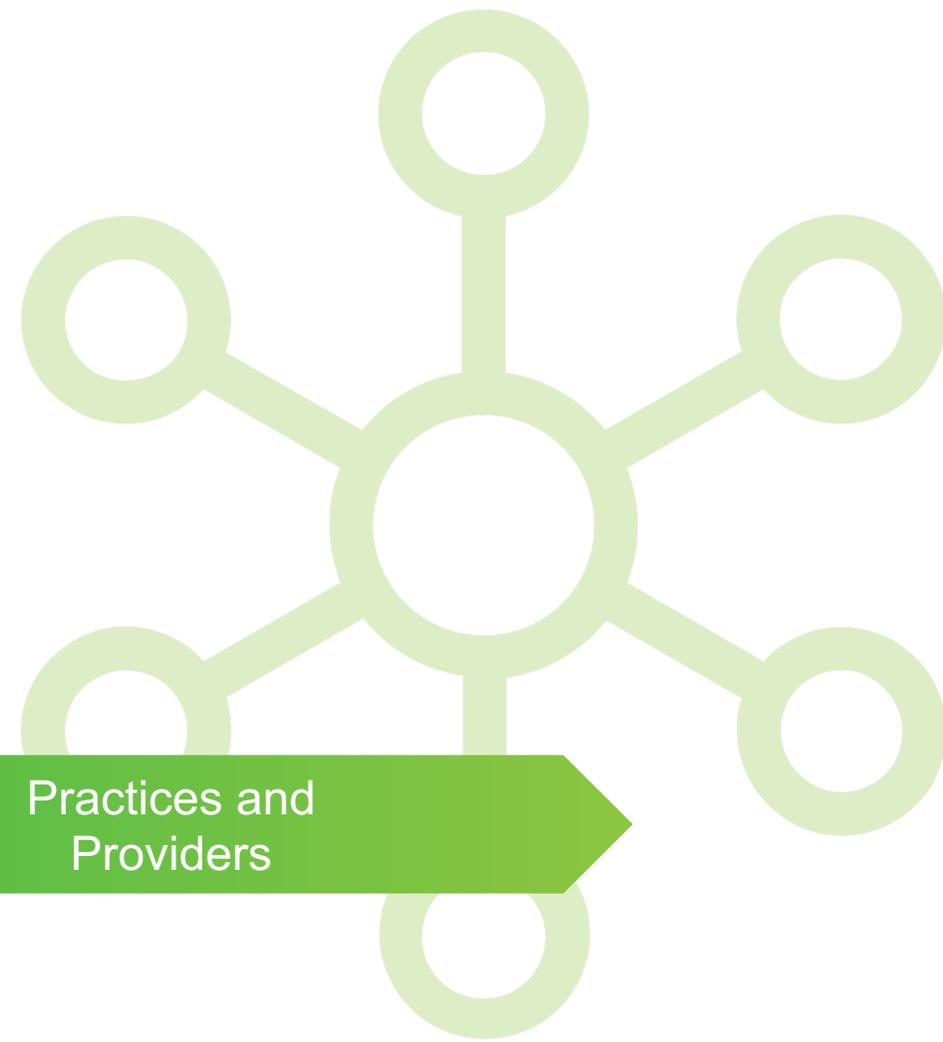
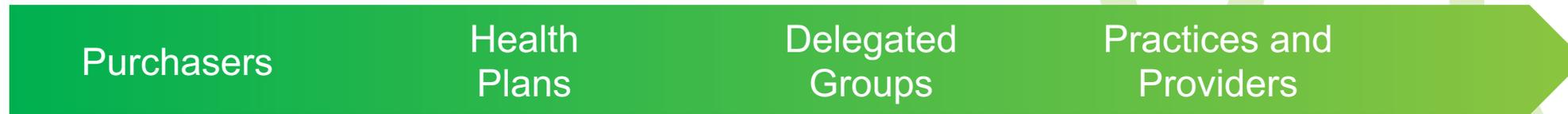
- Public and private healthcare purchasers
- Policymakers
- Analysis and improvement specialists
- Consumer advocacy organizations
- Funders

PICG Recommended Actions:

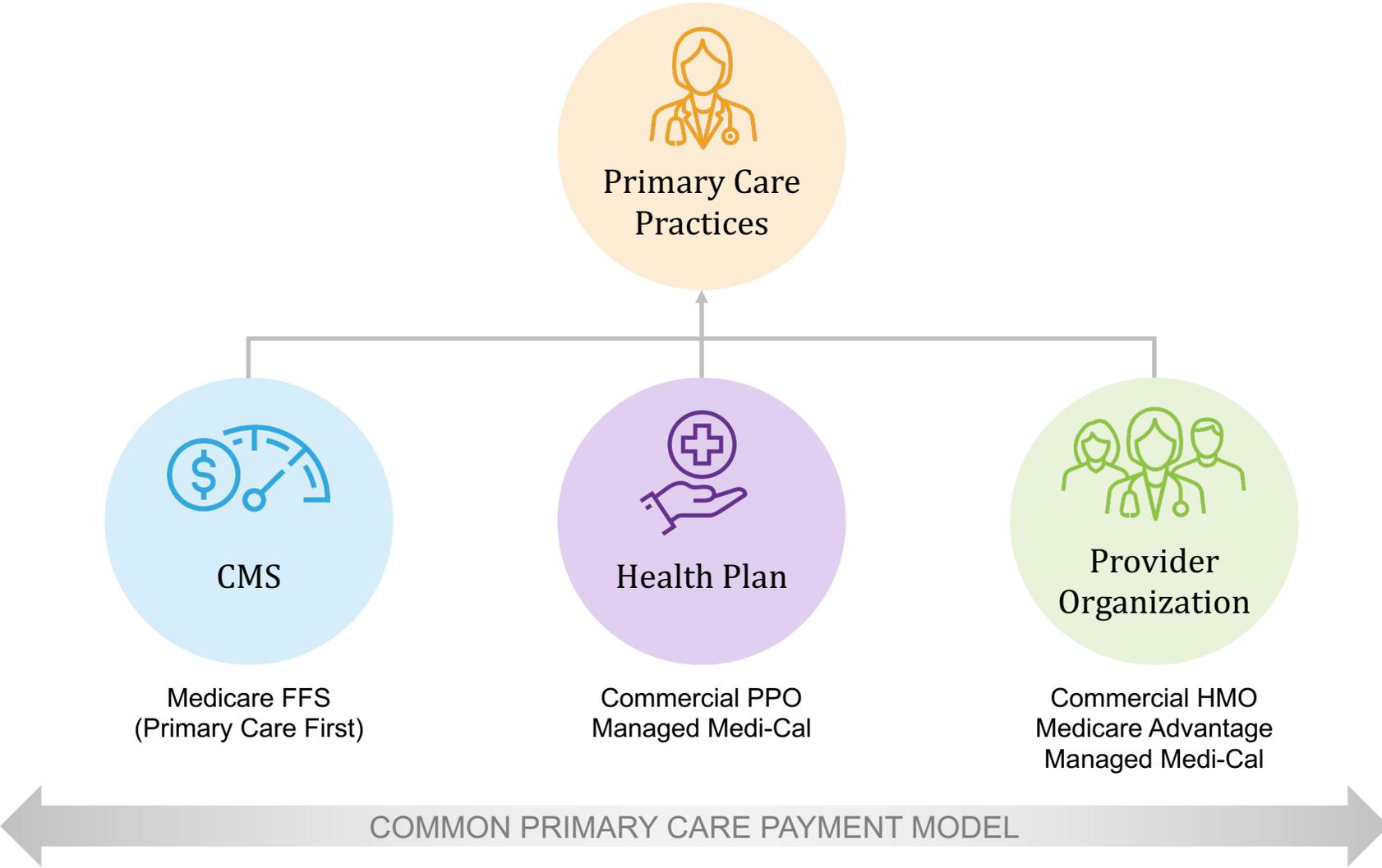
1. Measure and report primary care spending
2. Set a target for primary care spending
3. Pay for Advanced Primary Care
4. Establish purchaser requirements
5. Track progress

Aligning payers to foster Advanced Primary Care

- Momentum to operationalize large-scale change
- Creates standards and reduce variation
- Reduces administrative burden with multi-payer alignment
- Increase resources going into primary care
- Encourages purchaser/state government leadership to support health plan investment



Alignment for primary care practices across California payers and products



Advanced Primary Care Initiative (APCI) Participants

Conveners/
facilitators



Payer
participants



Advanced Primary Care Initiative focus areas



Transparency

Measure and report:

- Primary care investment
- Growth of value-based payment models
- Performance on APC measure set



Investment

- Increase overall investment in primary care
- Set quantitative investment goals, without increasing total cost of care



Primary care payment

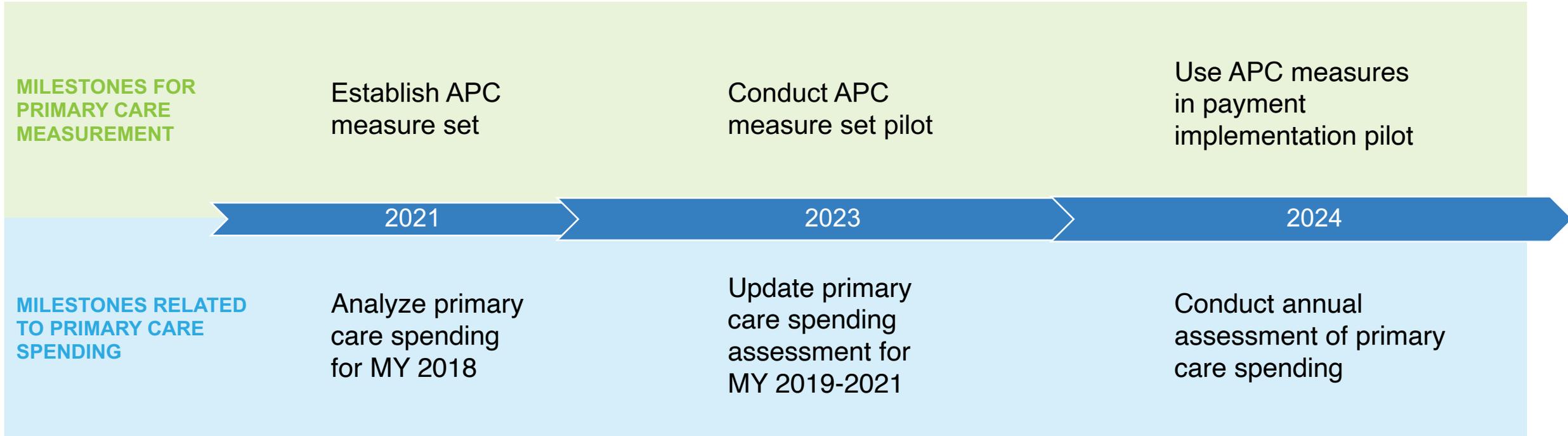
- Develop and adopt value-based payment model that supports APC
- Ensure patient access to continuous relationship with PCP/team



Practice transformation

- Support integration of behavioral health services
- Expand data collection, exchange, stratification based on race, ethnicity, language (REaL) data
- Deliver targeted technical assistance

Stepwise approach to APCI implementation



Initial APC measure set: alignment with payers in California

Quality Domain	Measure	NQF ID	Population	Payer Alignment (California)			
				Commercial ¹	Medi-Cal ²	Medicare ³	DMHC ⁴
Health Outcomes & Prevention	Asthma Medication Ratio*	1800	Pediatric/Adult	•	•		•
	Childhood Immunization Status (Combo 10)	0038	Pediatric	•	•		•
	Colorectal Cancer Screening*	0034	Adult	•	•	•	•
	Controlling High Blood Pressure*	0018	Adult	•	•	•	•
	Diabetes HbA1c Poor Control (>9%)*	0059	Adult	•	•	•	•
	Immunizations for Adolescents*	1407	Pediatric	•	•		•
Patient Reported Outcomes	Depression Screening → Monitoring → Remission	-	Pediatric/Adult	•	•	•	•
Patient Safety	Concurrent Use of Opioids and Benzodiazepines	3389	Adult	•	•		
Patient Experience	Patient Experience (CG-CAHPS)	0005	Pediatric/Adult	•		•	•
High Value Care	Emergency Department Visits	-	Pediatric/Adult	•	•		
	Inpatient/Acute Hospital Utilization	-	Pediatric/Adult	•		•	
	Total Cost of Care	1604	Pediatric/Adult	•		•	

* **Bolded measures** will be stratified by race/ethnicity by NCQA

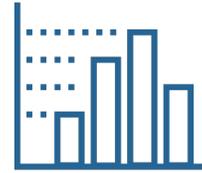
- [Integrated Healthcare Association. Align.Measure.Perform. Commercial HMO \(Measurement Year 2021\)](#)
- [California Department of Health Care Services. Medi-Cal Managed Care Accountability Set \(Measurement Year 2023\)](#)
- [Centers for Medicare & Medicaid Services. Primary Care First, Quality Gateway Measures](#)
- [DMHC Health Equity and Quality Measure Set \(Measurement Year 2023\)](#)

Advanced Primary Care measure set pilot



Leverage existing statewide data infrastructure

- Utilize IHA's AMP and Atlas infrastructure and data feeds
- Minimize new data collection specific to pilot



Assess practice performance across the APC measure set

- A more granular approach utilizing the primary care practice as the unit of measurement



Aggregate results across purchasers and plans

- Increase reliability of results by aggregating practice data across purchasers and health plans



Measuring primary care spending

Primary care spending

- Does higher primary care spending percentage have better health outcomes and lower utilization/cost?
- Is there evidence for establishing a floor or target for QHPs?



\$ spent on primary care

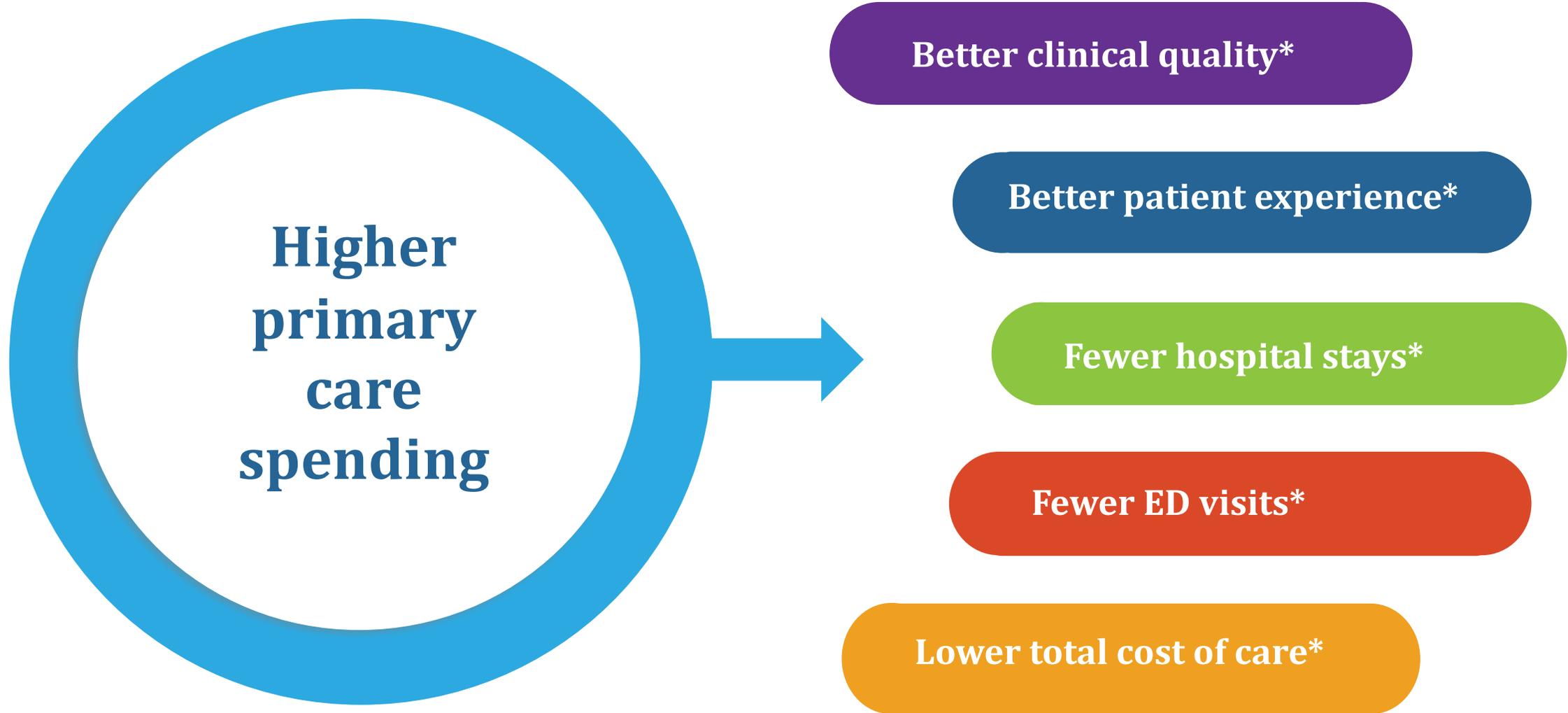
Includes costs for services provided by Family Practice, General Practice, Internal Medicine, or Pediatric physician, or Nurse Practitioner or Physician Assistant with primary care focus



Total \$ spent for all care

Includes all medical and pharmacy costs, but not behavioral health costs

Higher primary care spending associated with desired outcomes



*Statistically significant association

Aligning and advancing value-based primary care payment

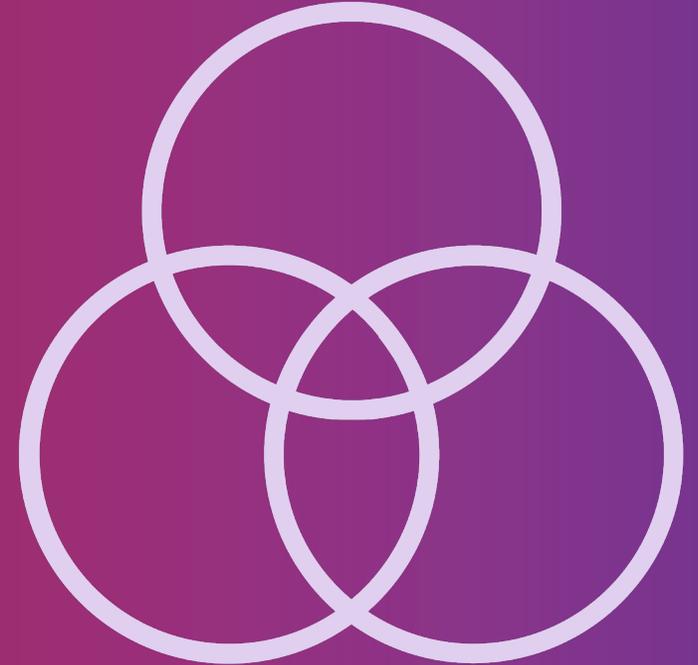
Objectives

- Promote value-based primary care business model **applicable across payers and products**
- Provide sufficient, **flexible value-based payment**
- Give a **clear signal, consistent expectations** to PCP practices
 - Primary care practices take a proactive population health management approach
 - Maximize the portion of a practice's population covered by this type of payment



Key takeaways and closing thoughts

1. Alignment supports widespread adoption of Advanced Primary Care (APC)
2. APC measurement at the practice level will provide more granular insights into the interactions of patients with their primary care teams
3. Increasing primary care investment is foundational to strengthening primary care
4. A health equity lens is critical to understand and improve access to (advanced) primary care across all communities



Thank you

Our guest speakers



Alice Chen, MD, MPH

Chief Medical Officer,
Covered California



Christine Castano, MD

Corporate Medical Director for
Quality,
OptumCA

Strategic alignment on performance measurement in the AMP Measure Set

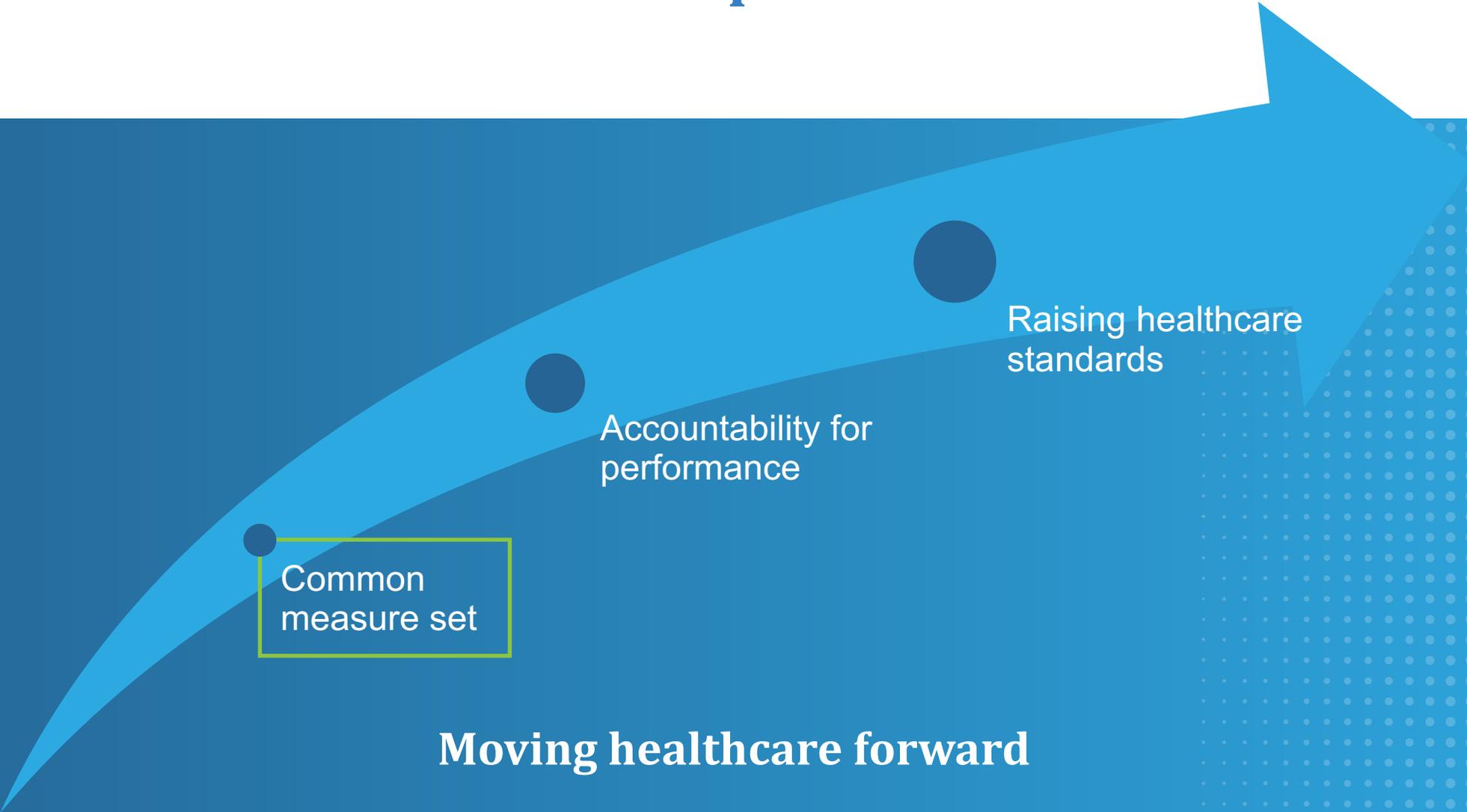
Christine Castano, MD

Corporate Medical Director for Quality, OptumCA

Chair, IHA Technical Measurement Committee



What we measure drives what is possible



Common
measure set

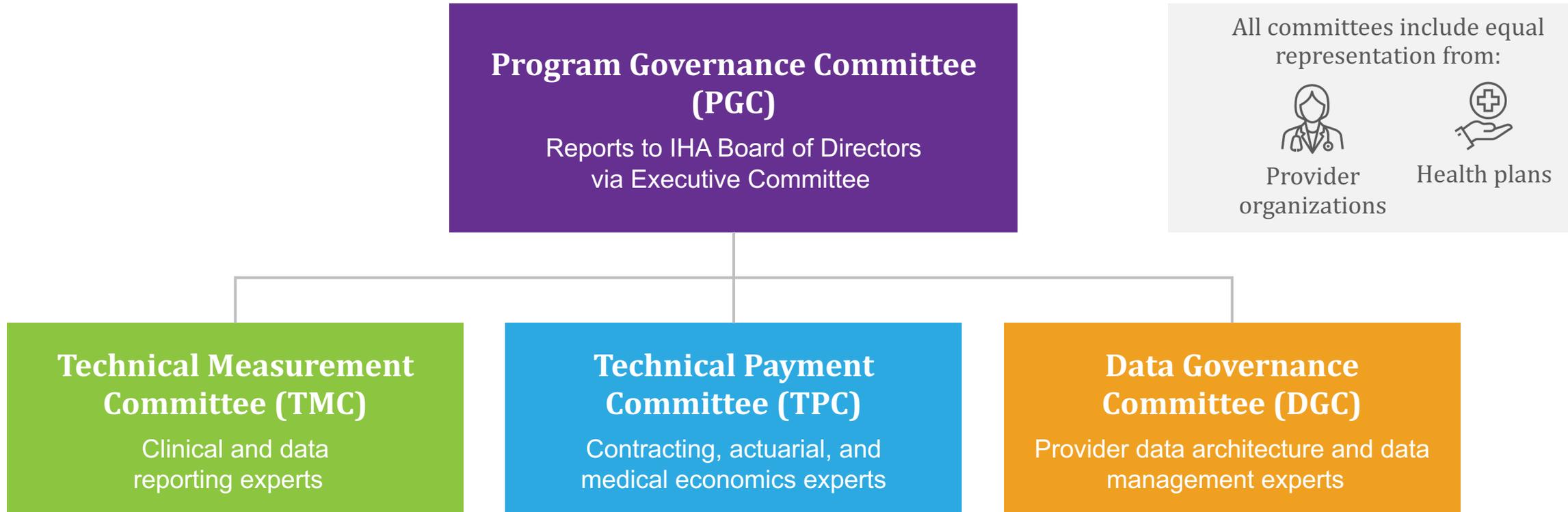
Accountability for
performance

Raising healthcare
standards

Moving healthcare forward

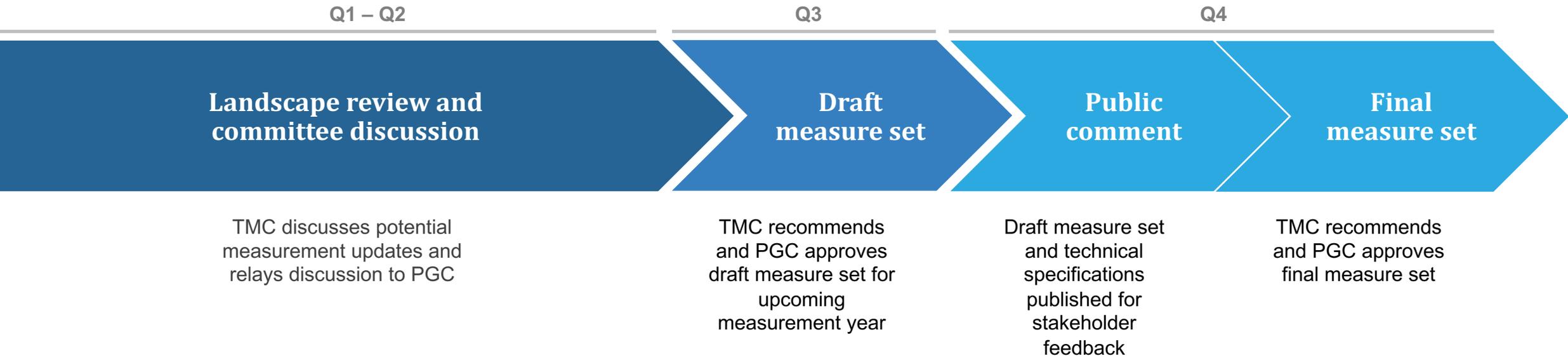
Collaborative decision making on measurement at IHA

IHA committee structure



AMP measure set approval process

Annual updates help keep our measure set looking forward



How we select our measures



Importance



Scientific
acceptability



Feasibility



Usefulness



Alignment

How we think about alignment in measure selection

High-priority external measure sets	
AMP Commercial HMO	HEDIS Health Plan Accreditation Measure Set Covered California Quality Rating System (QRS) <i>NEW for MY 2023: DMHC Health Equity and Quality measure set</i>
AMP Medicare Advantage	CMS Star Ratings
AMP Medi-Cal Managed Care	DHCS Managed Care Accountability Set (MCAS)

Alignment considerations

- Do measures used elsewhere make sense to assess at the PO level?
- Does it make sense to hold POs accountable for the results?
- Are measures and priorities applicable to AMP's population?
- Do measures meet AMP's other criteria for measure selection (e.g., importance, scientific validity, usefulness...)?
- Can data be captured without chart review?

More 2022 alignment considerations

- Increased emphasis on how the AMP product lines fit together to create an overall picture of healthcare quality across product lines
- Careful consideration of measurement burden amidst current healthcare resource and staffing challenges

AMP precedes newer measurement efforts:



How we can continue to add value by aligning...



...Instead of adding and removing measures *just* for the sake of alignment?

An emphasis on alignment in 2022

Looking ahead to MY 2023

The Technical Measurement Committee prioritized alignment in recommending the AMP MY 2023 measure set, as emerging industry and regulatory efforts take shape on health equity:

- DMHC Health Equity and Quality Committee — recommended measure set for MY 2023
- New stratifications by race and ethnicity for HEDIS measures
- Covered California Quality Transformation Initiative (QTI)



How can we work together to move the gears toward health equity?

Alignment with DMHC Health Equity and Quality Committee

DMHC Health Equity and Quality Committee Recommendations for MY 2023	AMP Commercial HMO	AMP Medi-Cal Managed Care
Colorectal Cancer Screening	Yes	Yes
Breast Cancer Screening	Yes	Yes
HbA1C <8% and >9%	Yes	Yes
Controlling High Blood Pressure	Yes	Yes
Asthma Medication Ratio	Yes	Yes
Depression Screening and Follow-Up for Adolescents and Adults	Testing in MY 2023	Testing in MY 2023
Prenatal and Postpartum Care	Testing in MY 2023	Yes
Childhood Immunization Status	Yes	Yes
Well-Child Visits in the First 30 Months of Life	Testing in MY 2023	Testing in MY 2023
Child and Adolescent Well-Care Visits	Testing in MY 2022	Yes
All-Cause Readmissions	Yes	Yes
Immunizations for Adolescents	Yes	Yes
CAHPS Health Plan Survey: Getting Needed Care	No	No

[DMHC Health Equity and Quality Committee Recommendations](#)

[Draft MY 2023 AMP Measure Set](#)

[MY 2022 AMP Measure Set](#)

The health equity call for the Technical Measurement Committee



Make informed recommendations on what we measure that will help us better understand and address disparities



Avoid adding measures and datapoints that aren't high-value toward this goal



Consider input from IHA Health Equity Committee on measurement priorities

Areas of measurement for Technical Measurement Committee exploration

Which will help drive us toward health equity?

**Social needs/social
determinants screening**

Data completeness

Health equity composites

Patient experience

Alignment priority: behavioral health

In the landscape

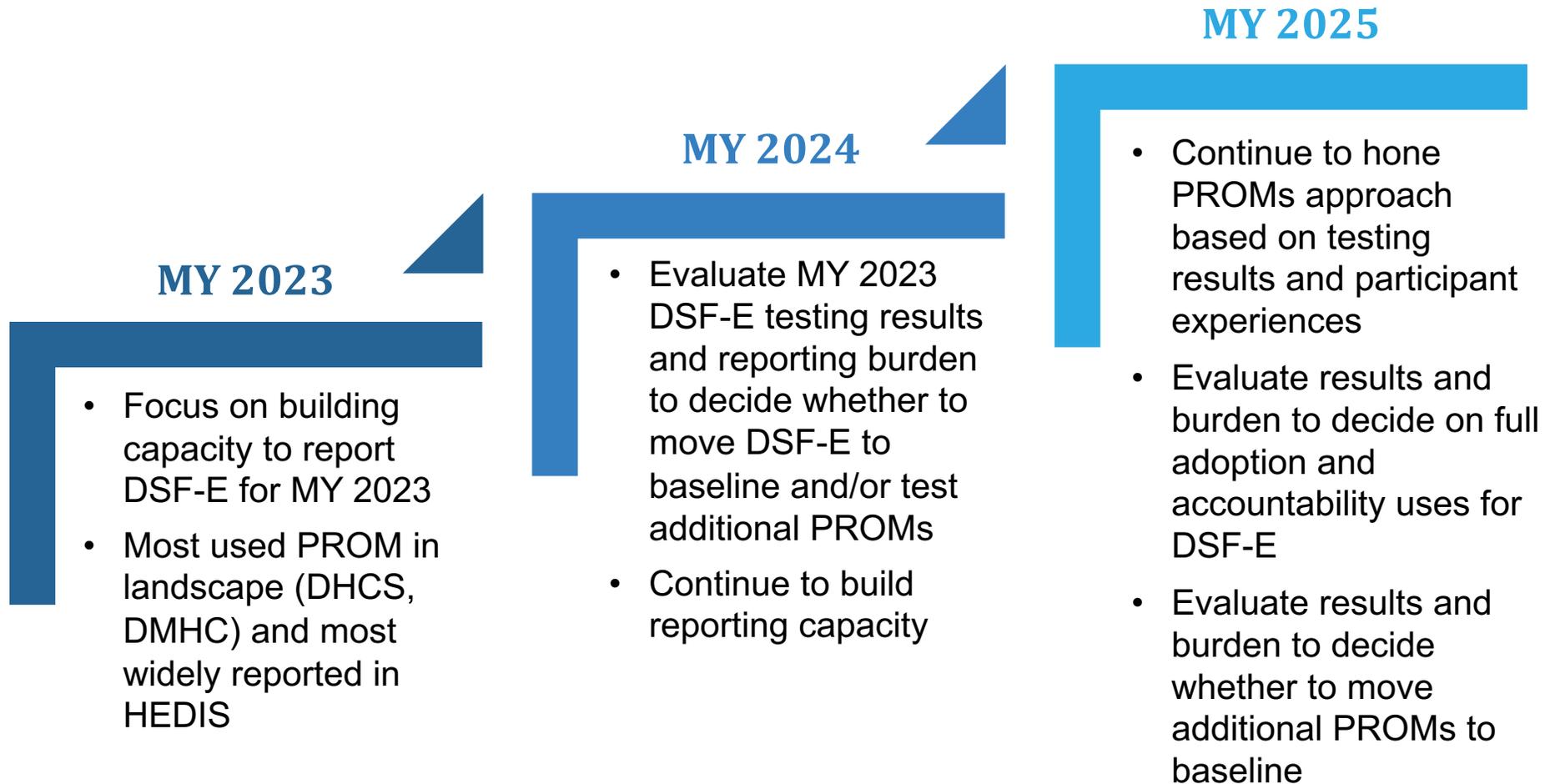
- An increasing priority across healthcare and an important dimension of health equity
- Growing focus on HEDIS depression care patient-reported outcome measures (PROMs)
 - Included in DHCS Managed Care Accountability Set
 - Recommended by DMHC Health Equity and Quality Committee

In AMP

- Depression care PROMs have been a priority to add for several years
- Testing of 3 PROMs (screening, monitoring, and remission) was delayed with restructuring of AMP Commercial ACO
- PROMs come with data collection challenges

Adding depression care PROMs in AMP

Phased approach beginning in MY 2023 with depression screening and follow-up for adolescents and adults (DSF-E)



Alignment priority: primary care

TMC involvement on Advanced Primary Care helps AMP and primary care move forward together

Advanced Primary Care measure set

- Reviewing and recommending initial APC measure set in alignment with AMP
- Sharing perspective from efforts at TMC-participating organizations

Long-term vision for primary care in AMP

- Monitoring APC progress and pilot results to assess feasibility of practice-level measurement in AMP

In closing

- **Collaborative IHA committees** allow for timely and strategic alignment of AMP measurement with shifting industry priorities.
- The TMC strikes a balance between **alignment** with the industry and **selectivity** on which measures are right for the AMP program.
- A well-crafted AMP measure set can help us **learn what is possible** for priorities such as health equity, behavioral health, and primary care.



Thank you



MY 2021 Align. Measure. Perform. Annual Awards

Anna Lee Amarnath, MD, AMP General Manager,
IHA

Mary Watanabe, Director, California Department of
Managed Health Care



Welcome!



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 Awardees

Accelerating
the pace of
healthcare
quality
improvement
— 4.4x higher
than average!

Bay Area

**All American Medical Group
(AAMG)**

Central Coast

**Coastal Communities Physician
Network**

Central Valley

AllCare IPA

Inland Empire

PromiseCare Medical Group

Los Angeles

Korean-American Medical Group

Orange County

**Prospect Northwest Orange
County Medical Group**

Sacramento/Northern California

Woodland Clinic Medical Group

San Diego

Greater Tri Cities IPA



**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 —
20% higher
performance

Cedars-Sinai Health Associates

Cedars-Sinai Medical Group

Hoag Medical Group

**Kaiser Permanente Northern
California Permanente
Medical Group**

- Redwood City Medical Center
- San Francisco Medical Center

**Kaiser Permanente Southern
California Permanente
Medical Group**

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

**Mercy Medical Group/Dignity Health
Medical Foundation**

Saint John's Physician Partners

Sharp Rees-Stealy Medical Group

**Sutter Medical Foundation — Sutter
Medical Group**

**Sutter Pacific Medical Foundation —
Sutter West Bay 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 —
9% better
performance

Cedars-Sinai Health Associates

Cedars-Sinai Medical Group

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

Facey Medical Group

Greater Newport Physicians

Hoag Medical Group

**Kaiser Permanente Northern California
Permanente Medical Group — San
Francisco Medical Center**

Mission Heritage Medical Group

Saint John's Physician Partners

Scripps Clinic Medical Group

Sharp Rees-Stealy Medical Group

**Sutter Gould Medical Foundation —
Gould Medical Group**

**Sutter Pacific Medical Foundation —
Sutter Medical Group of the Redwoods**

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

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

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

**Solving for
affordable care
is critical to
addressing
healthcare
access — 25%
lower costs**

Advantage Health Network, IPA

Alamitos IPA

AltaMed Health Services

**Associated Hispanic Physicians of
Southern California IPA**

Brookshire IPA

Community Family Care

Desert Valley Medical Group Inc.

Edinger Medical Group

Exceptional Care Medical Group

Family Care Specialists IPA

Family Choice Medical Group

Global Care Medical Group IPA

**Kaiser Permanente Southern
California Permanente Medical
Group – Kern County**

Preferred IPA of California

Premier Healthcare

San Benito Medical Associates

Seoul Medical Group

St. Vincent IPA

Torrance Memorial IPA



**Excellence in
Healthcare Award**

Excellence in Healthcare award winners drive value



Quality

12%
higher than
average



Patient Experience

5%
higher than
average



Total Cost of Care

\$324
lower annual
costs per member

Let's find out who they are...

Excellence in Healthcare Awardees





**Congratulations
to all!**

Concluding Thoughts

Jeff Rideout, MD, MA FACP

President & Chief Executive Officer, IHA



Our future is bright — if we manage it proactively and collaboratively

IHA as YOUR advocate

- Anticipating and collectively managing external expectations
- Advocating through credible and predictably produced performance information
- Supporting accountability AND establishing the proper standards for what “counts”

Symphony

- Completing the Availity transition to establish a truly automated, industry wide and scalable platform
- Complementing “production ready” with reporting and analytic capabilities

AMP

- Continuing to demonstrate transparency and accountability
- Driving meaningful and measurable change in primary care and health equity
- Continuing to demonstrate performance improvement in the integrated model — **over 100,000 MORE patients received better care in just one year**

Special thanks again to Christine Castano, Alice Chen, Serra Fox, Mark Martin, Kimberly Peoples, Quincy Roberts, and Mary Watanabe





Integrated
Healthcare
ASSOCIATION

Thank you

Questions? Get in touch at events@iha.org

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