



Aligning Quality Work Across Payer Contracts

Advocate Health has a long history with value-based care, and partners with 13,000+ physicians in 12 ACOs & CINs



13,000+

Participating Physicians
in our CINs



2.2 M

Total Managed Lives



73

Hospital Organizations
Part of our CINs



130

Unique Value Contracts
Across All ACOs/CINs



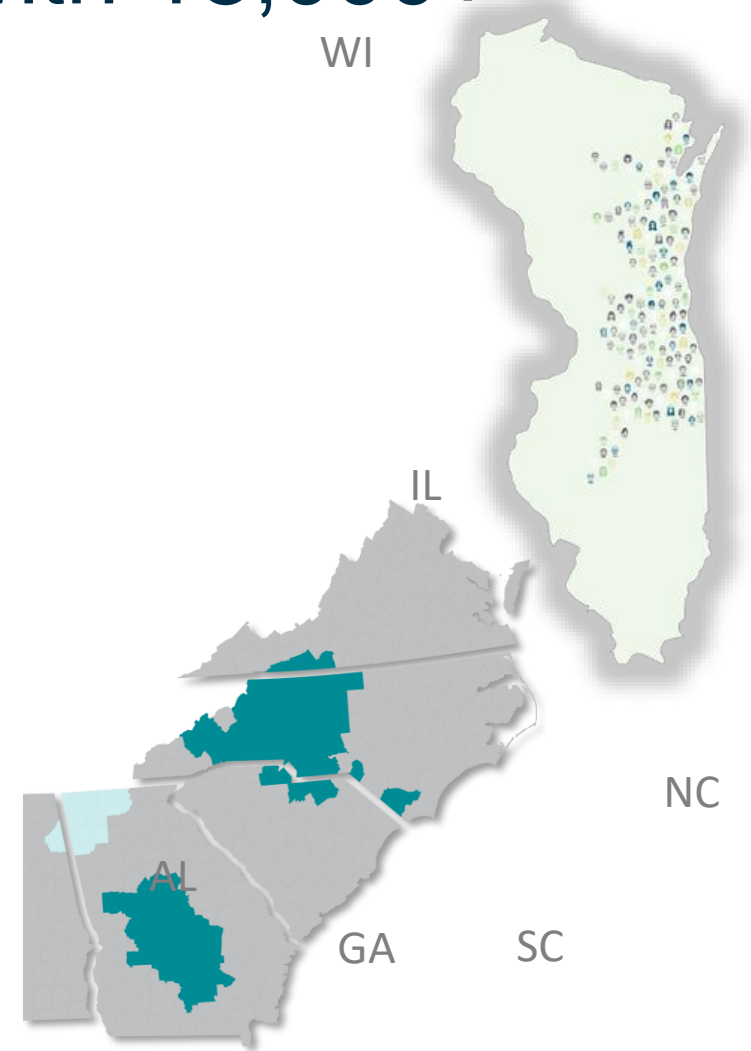
\$1.2 B

Annual managed
Capitation revenue

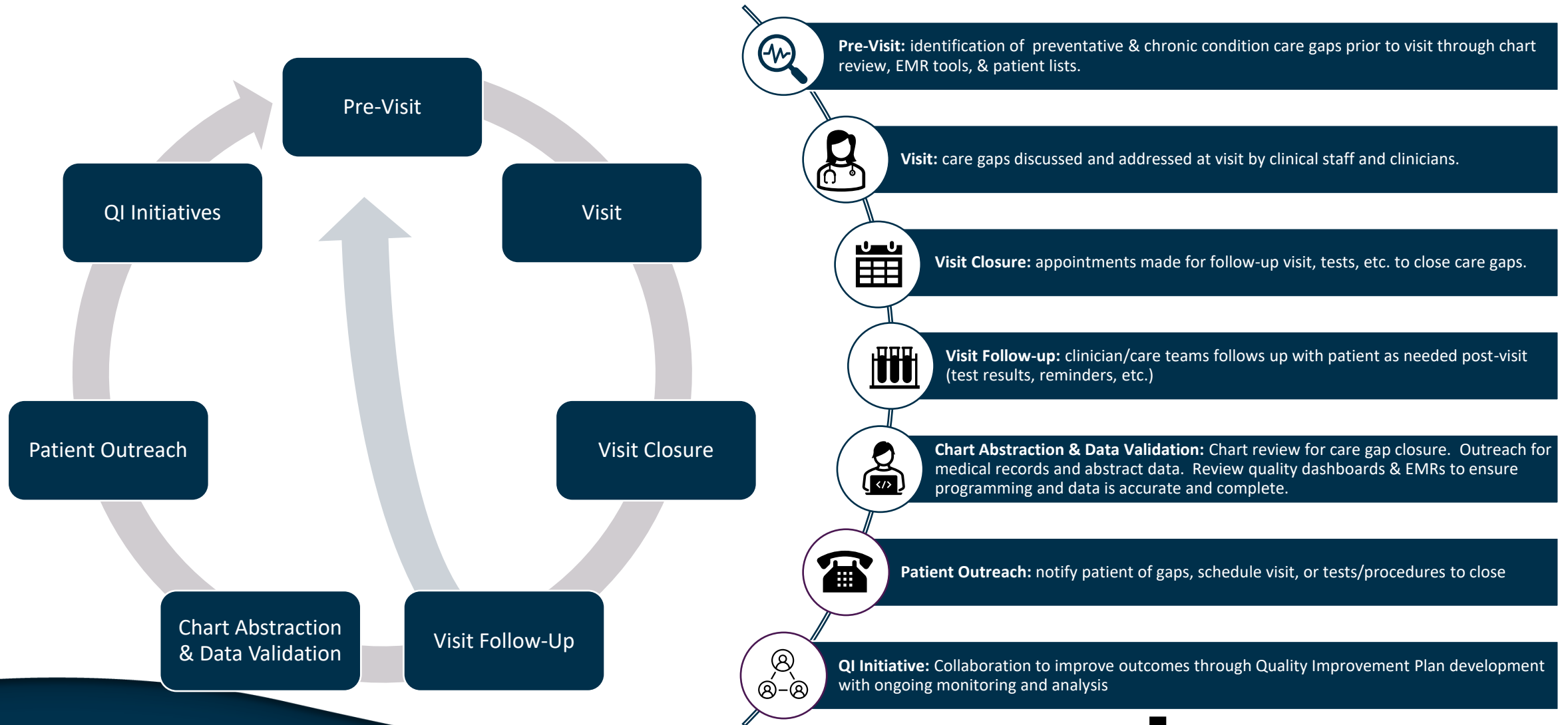


\$1.4 B

Paid Out in Value payments



Quality Care Gap Lifecycle



Aligning Stakeholders and Driving Action



Governance Committees

Governance committees will drive our overall strategy and annual focus areas. Governance teams under the direction of each CIN board will also be involved in **targeting performance improvement** efforts to drive value.



Ambulatory Quality Council & Strategic Advisory Groups

Aligning key domains of Ambulatory Quality **across the enterprise** will ensure that problem solving happens at scale and **reduce unnecessary administrative burden** and duplication.



Value Based Care Council & Core Teams

Our aligned model for **stakeholder engagement** will be driven **through our Value Based Care structure**. Aimed at aligning stakeholders across acute and ambulatory, VBC teams lead deployment of system strategies across the enterprise.

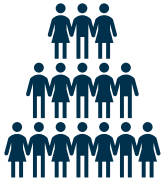


Collaboration between Governance Committees, the Ambulatory Quality Council and VBC Councils will be key to creating synergy and clarity for stakeholders.

Ambulatory Quality Composite



Goal 1:
Align with clinical quality standards and drive performance in value-based agreements



Goal 2:
Impact FOR ALL



Goal 3:
Target opportunities for improvement

	Value Based Alignment
5	>\$5M impact to value-based revenue
4	\$3M-\$5M impact to value-based revenue
3	\$1M-\$3M impact to value-based revenue
2	\$500K-\$1M impact to value-based revenue
1	<\$500K impact to value-based revenue

	Population Impact
5	Includes greater than 500K patients (100K if pediatrics only measure)
4	Includes 300 - 500K patients (60K - 100K if pediatrics only measure)
3	Covers 100K - 300K patients (or 20K - 60K if pediatrics only measure)
2	Covers between 20K and 100K patients (between 5K and 20K if pediatrics only measure)
1	Covers < 20K patients (or less than 5K if pediatrics only measure)

	Improvement Opportunity
5	Median performance or less with improvement needed
4	Between top quartile and median with improvement needed
3	Top quartile with improvement needed OR top decile with change in benchmark expected
2	Between top decile and top quartile with improvement needed
1	Achieving top decile with no expected change in benchmark

Rubric Calculation

Measure	Total Rewards \$\$	Total # Agreements	Denominator size (rounded to nearest 1000)	Enterprise performance (Scoring Level)	Value based payer	Population size	Performance	Total
Medicare Wellness Visit rate	\$ -	0	1	1	1	1	5	7
Depression Screen with flu plan	\$ -	0	1	1	1	1	5	7
Diabetes Eye Exam	\$ -	0	1	1	1	1	5	7
Colorectal CA Screening - 45-75 Yrs	\$ -	0	1	1	1	1	5	7
Controlling High Blood Pressure	\$ -	0	1	1	1	1	5	7
Immunization Influenza (6 months +)	\$ -	0	1	1	1	1	5	7
Well Child Visit 3-21 Years (2024 Watchlist)	\$ -	0	1	1	1	1	5	7
Well Child Visit: 15 - 30 months	\$ -	0	1	1	1	1	5	7
Well Child Visit: 0 - 15 months	\$ -	0	1	1	1	1	5	7
Diabetes Kidney Health Evaluation (KED)	\$ -	0	1	1	1	1	5	7
Diabetes Blood Sugar Control (A1c < 8)	\$ -	0	1	1	1	1	5	7
ASCVD Statin Therapy	\$ -	0	1	1	1	1	5	7
Immunization Childhood Combo 7	\$ -	0	1	1	1	1	5	7
Immunization Adolescent Combo 1	\$ -	0	1	1	1	1	5	7
Cervical Cancer Screening	\$ -	0	1	1	1	1	5	7
Diabetes Testing - A1c	\$ -	0	1	1	1	1	5	7
Osteo Screening in Women w/ Fx	\$ -	0	1	1	1	1	5	7
Breast Cancer Screening	\$ -	0	1	1	1	1	5	7
Immunization Influenza - Childhood (2 by 2)	\$ -	0	1	1	1	1	5	7
Immunization HPV	\$ -	0	1	1	1	1	5	7