



Joint OHOS/KAMO Meeting

May 10, 2018

Strategies to Avoid Patient
ER Visits

Vision – To be the healthcare provider of choice for Oncology and Urology services in the communities we serve.

Mission – To earn the trust of our patients and colleagues by exceeding their expectations:

- Quality of Care
- Scope of Service
- Compassion
- Timeliness
- Cost Effectiveness

Brand Promise – *We're here for you*

Core Values -

Compassion We show compassion for others

Accountability We hold ourselves accountable for our actions

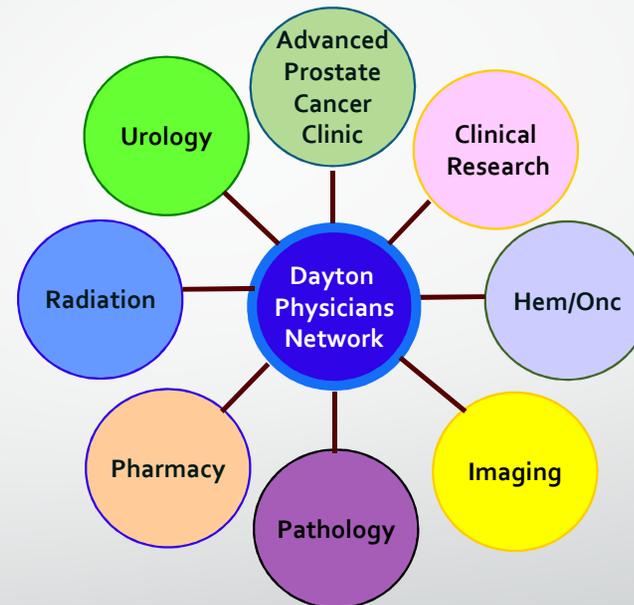
Respect We show respect for others

Excellence We strive for excellence in all we do

Service We provide outstanding service to our patients, team members and community

2017 COMPANY PROFILE

- Multi-Specialty Group Practice
- 12 Practice Locations:
 - 2 Urology offices
 - 1 Radiation Oncology office
 - 1 Medical Oncology Offices
 - 1 Pathology Office
 - 1 Business Office
 - 6 Comprehensive Cancer Centers
- 50 Physicians and Mid Level Providers
- 349 Employees
- 37,906 Individual Patients
- 240,067 Patient Visits
- 428,730 Phone Calls



Focus on Quality and Innovation

- CoC and NCQA Accredited Oncology Medical Home
- United Health Care, Episode Fee Payment
- Anthem Quality Care Program Participant
- Aetna OMH Pilot Program Participant
- National Radiation Oncology Registry
- CMMI Oncology Care Model
- ACR Accreditation
- ACHC Specialty Pharmacy and Oncology Accreditation

CONCEPTS

Oncology Patient

1. Best Practices Care: Triage, Diagnostic & Therapeutic Pathways

2. Electronic Health Records – to share/track real-time patient information; monitor quality

3. Team-Based Care: Med/Rad Onc, Diag Radiology, NPs, RNs, LPNs, Pharmacists, Med Techs, Care Coordinators, first responders – working as team to keep patients in OP setting and out of ER and hospital

4. Active Disease Management: Patient Education, patient/provider web portal

5. Enhanced Access: 24/7 Triage Line with “first responders” (8-6) and On-Call Providers (6-8)

6. Enhanced Care: On- or near-site lab, imaging, pharmacy

7. Financial Support for Medical Home Services



CHEMOTHERAPY ALERT CARD

If you experience any of the following:

- A Fever of 99.5° or Higher
- Chills or Flu like symptoms
- Unrelieved Nausea, Vomiting, Diarrhea, or Pain

Call Us First: 937-293-1622

We're here for you

CHEMOTHERAPY ALERT CARD

*****Patient Receiving Chemotherapy*****

Cancer Site: _____

Cancer Treatment: _____

Medical Oncologist: _____

Radiation Oncologist: _____

Emergency Contact Name and Number:

Oncology Medical Home

Come Home. We are your Oncology Medical Home.

Call us first (937-293-1622) for any symptoms you may be experiencing during your treatment.

No one wants to wait for hours in the emergency department when they are feeling sick. When patients call us first, we can determine the best way to solve their problems much more rapidly and conveniently in the clinic without the need to go to the emergency department. Because Dayton Physicians has an electronic health record, all of our doctors and providers have the patient's medical history at their fingertips. So we can provide the most comprehensive care without delay.

Dayton Physicians has specialized personnel answering our phones in our call center. This ensures every call will be received for billing, scheduling, or medical problems and routed to the appropriate medical professionals. Expertly trained oncology triage nurses will ask questions regarding patient's symptoms; this will help the nurses to figure out how urgently patients need to be seen.

Additionally, the oncology nurses will be asking specific questions which were developed to help us take care of patients promptly and efficiently. We have given our nurses instructions to order certain lab tests for certain problems and can have patients seen immediately by one of our providers. This process has been proven to get patients the right care at the right place at the right time! At Dayton Physicians Network, a medical home means that we work as a TEAM to care for you. Our experienced oncologists, advanced practice schedulers, nurses, lab technicians, medical assistants, schedulers, operators and financial advocates are all important members of your team. Everyone has a role to play in getting you whatever is needed as rapidly as possible.

Dayton Physicians Network Oncology Medical Home is one of only seven institutions in the nation to attain Commission on Cancer Accreditation in 2015. This recognition distinguishes Dayton Physicians Network as one of the nation's premier community cancer practices.

Learn more about Oncology Medical Home [here](#).

DAYTON PHYSICIANS NETWORK

**COME HOME
CANCER CARE WHEN
YOU NEED IT MOST**

CALL US FIRST: (937) 293-1622

**Urgent Appointments Available
7 Days a Week at our Central Office.**

Monday–Friday: 8:00am–7:00pm
Saturday & Sunday: 11:00am–2:00pm

Conveniently located at
**GREATER DAYTON
CANCER CENTER**

3120 Governors Place Blvd.
Kettering, OH 45409



WE CAN HELP WITH:
Fever/Chills • Nausea and Vomiting
Dehydration • Shortness of Breath
And any other symptoms you are
experiencing during your treatments.

 *Over 10 years of caring*
Dayton Physicians Network
Cancer Care and Urology

www.daytonphysicians.com

We're here for you!

ONCOLOGY MEDICAL HOME

AT THIS LOCATION ONLY:

Greater Dayton Cancer Center

3120 Governor's Place Blvd.
Kettering, OH 45409

HOURS:

Monday–Friday: 8:00am–7:00pm
Saturday & Sunday: 11:00am–2:00pm

CALL US FIRST: (937) 293-1622

 *Over 10 years of caring*
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Greater Dayton Cancer Center
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Call us first: 937.293.1622
Monday–Friday 8am–7pm
Saturday & Sunday 11am–2pm
www.daytonphysicians.com
We're here for you

Bracelets are being worn by the patients to promote the Come Home services.



After Hours Scripting

Front Desk-

Good Morning/Afternoon_____ Here for treatment today? Are you having any side effects with your treatment? If you are...

Call us first if you need to receive care during or after hours and weekends. Contact our Come Home Program at 293- 1622. Let us help. we will save time, undue testing, and the financial burden of an E.R. visit. Call us first... Come Home, We're here for you!

Infusion Nurse-

Doctor _____ would like you to call us first if you experience any side effect during your treatment. Call us first at 293-1622 if you have the following symptoms...

*Fever/Chills *Nausea and Vomiting * Dehydration * Shortness of Breath * Any other symptoms you may be experiencing during your care.

Come Home, We're here for you!

Clinical Staff-

Good Morning/Afternoon_____ During your care with us if you experience any symptoms like *Fever/Chills *Nausea and Vomiting *

Dehydration * Shortness of Breath * Any other symptom you may be experiencing during your care. Call us first at 293-1622

Come Home, We're here for you!

First Responder General Assessment



First Responder Assessment

Answer Call: "Thank you for calling practice name, this is First Responder's name, how can I help you today?"

Consistent Message

- Patient States:
- | | |
|--|---|
| <input type="checkbox"/> - I don't feel well | (Go to question 1) |
| <input type="checkbox"/> - I feel sick | (Go to question 1) |
| <input type="checkbox"/> - I don't know | (Go to question 1) |
| <input type="checkbox"/> - Something feels wrong | (Go to question 1) |
| <input type="checkbox"/> - I need lab work | (Transfer the call to the Triage Nurse) |
| <input type="checkbox"/> - I need to be seen urgently | (Transfer the call to the Triage Nurse) |
| <input type="checkbox"/> - I need to schedule an appointment | (Go to the First Responder Instruction) |
| <input type="checkbox"/> - I need to reschedule my appointment | (Go to the First Responder Instruction) |
- Simple Instructions to Follow

Question 1: Ask the patient if they have had or having any of the following? (If Yes, tell the caller not to hang up and transfer the call STAT to a Triage Nurse. If No, transfer the caller to the Triage Nurse.)

Simple Instructions to Follow

- Yes No - Loss of consciousness
Yes No - Chest Pain
Yes No - Trouble Breathing
Yes No - Are you bleeding

First Responder Instruction: Tell the patient you are transferring the call to a PCC (Patient Care Coordinator) so they can schedule the appointment.

Consistent Message

Nausea and Vomiting



Patient Name: _____ Date of Birth: _____

Caller's Name: _____ Caller's Phone Number: _____

Patient's Location: _____

Triage Nurse Assessment

Question 1: Have you had nausea (without vomiting) **less than 24 hours**? Yes No (If Yes, go to the Triage Nurse Instructions. If No, go to the question 2.)

Triage Nurse Instructions: Make sure the patient is taking antiemetics. Offer the patient a same-day provider appointment with fluids and antiemetic's.

Question 2: Do you have any of the following? (If Yes, schedule a same-day provider appointment. Notify the infusion room of a possible need for fluids. See the Triage Nurse Instruction's below if the patient declines to be seen same-day. If No, go to the Triage Nurse Instructions below.)

Check all that apply:

- Yes No - Vomiting unreleaved with antiemetics
Yes No - Abdominal pain
Yes No - Fever
Yes No - Coffee ground emesis
Yes No - Weakness
Yes No - Dizziness
Yes No - Projectile vomiting
Yes No - Inability to drink at least 1 liter of fluids

Triage Nurse Instructions (Or if the patient declines to be seen): Make sure the patient is taking antiemetics. If they are not, notify the provider for RX. Advise the patient on ginger, small meals, avoiding rich or spicy foods and drink lots of fluids. The Triage Nurse will call to check on the patient in 24 hours.

Question 3 (24 hours later): Are you still having nausea and/or vomiting? Yes No (If Yes, schedule a same-day provider appointment.)

Triage Phone Call Key Performance Indicators

2018 Operational Key Performance Indicators (Holly)						
CALL CENTER			Jan	Feb	Mar	Apr
Key Indicators		Target				
1	Total Triage Call Volume	N/A	1,382	1,157	1,320	1,279
2	Average Call/FTE--Triage	N/A / 2.5 FTE - RN's	553	463	528	512

Lessons Learned – “Must Haves”

➤ Leadership

- Physician Champion – articulate vision/commitment
- Administrative Champion – “puts the parts together”

➤ Communication to Physicians/Staff

- More is better – written and live meetings
- Start early – be clear and consistent of expectations
- Training and culture shift

➤ Work with Payers

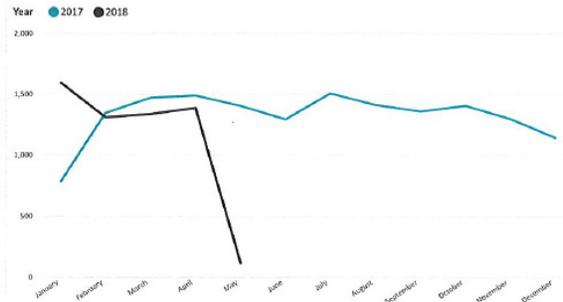
- Start early – be clear and consistent of expectations
- Not set up to participate easily – no “free riders”



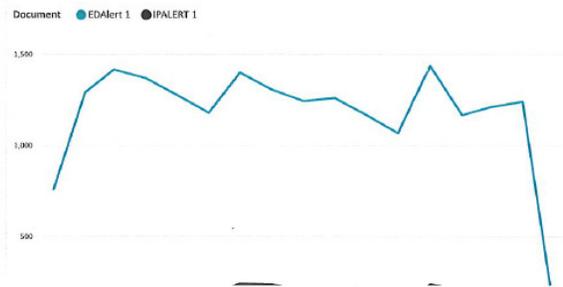
Anthem Emergency Room Policy

The policy, which went into effect Jan. 1 in Ohio, allows the insurer to decline claims in Ohio for emergency room visits it considers **non-emergency**. Anthem, which covers 3.4 million Ohioans overall, said the policy encourages people to use the more cost-effective urgent care centers and only applies to large employer fully-insured health plans and self-insured employer plans that opted to participate in the program. The policy does not apply to Anthem's Medicaid and Medicare populations.

Yearly ED/IP Volume Comparison



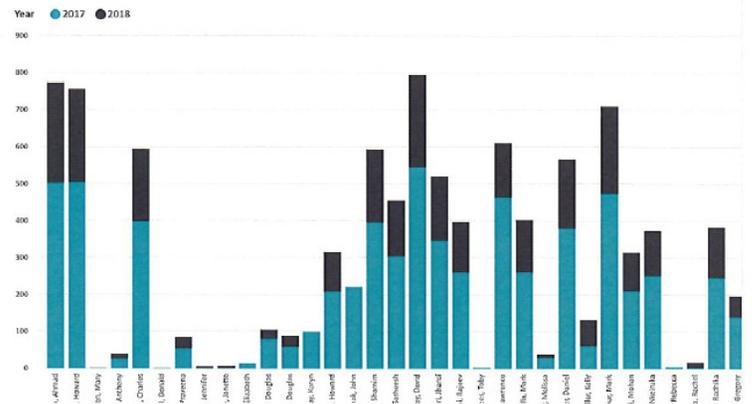
ED vs. IP Volume



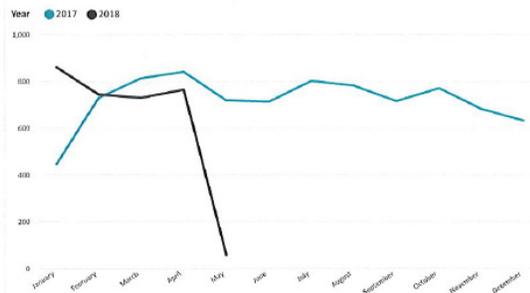
Hospital Comparison



ED/IP Volume by Provider



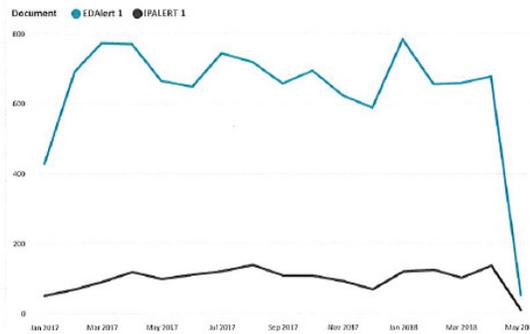
Yearly ED/IP Volume Comparison



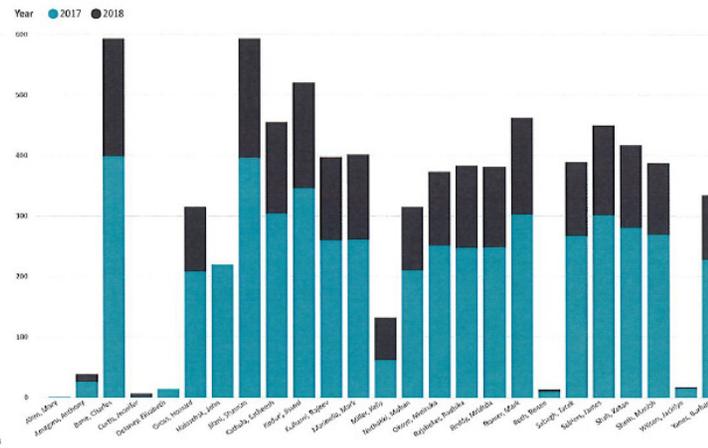
Hospital Comparison



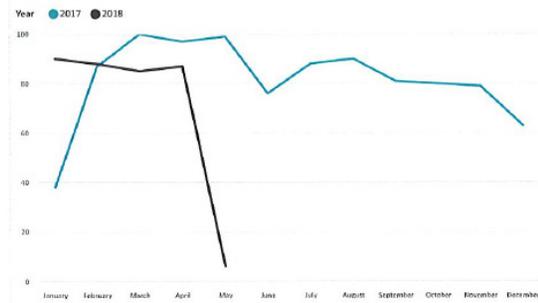
ED vs. IP Volume



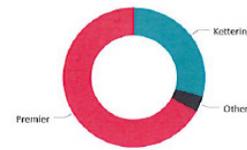
ED/IP Volume by Provider



Yearly ED/IP Volume Comparison



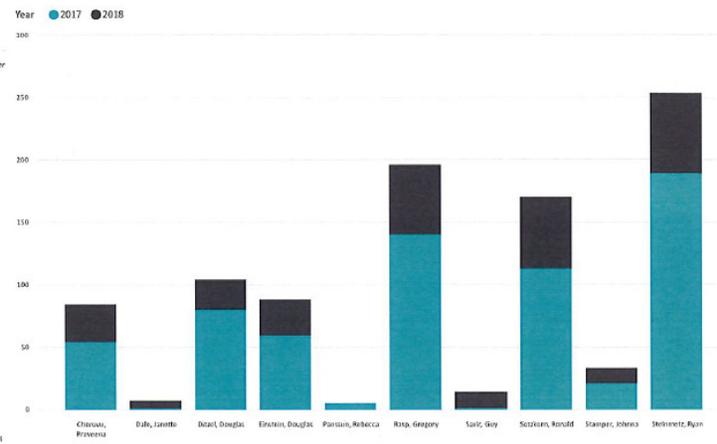
Hospital Comparison



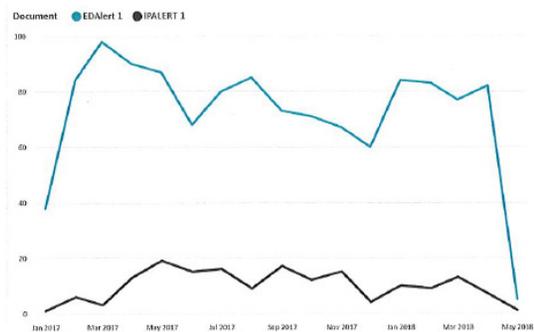
Radiation Oncology 2017	652
Radiation Oncology 2018	288

- Service Line
- <Unknown>
- Hematology Oncology
- Radiation Oncology
- Urology

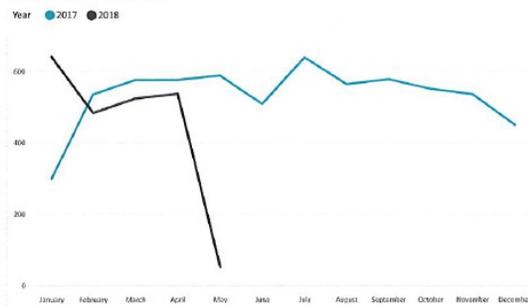
ED/IP Volume by Provider



ED vs. IP Volume



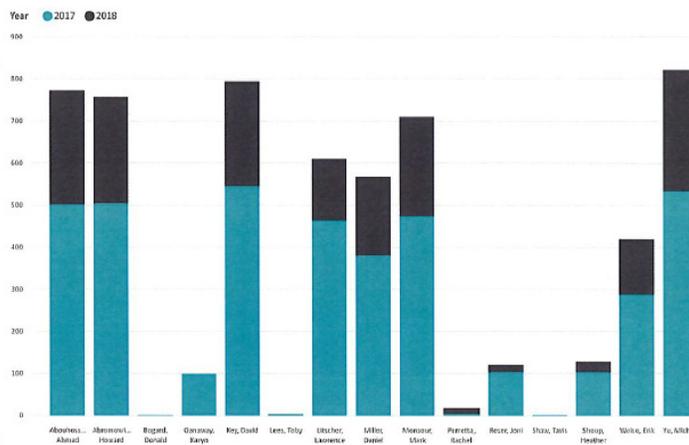
Yearly ED/IP Volume Comparison



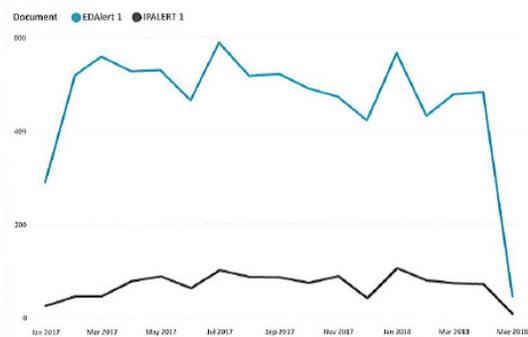
Hospital Comparison



ED/IP Volume by Provider



ED vs. IP Volume



Oncology Care Model Reconciliation Report
Performance Period 1 - Initial Reconciliation

**ONCOLOGY
 CARE MODEL**

Total Points Earned: 27.5
 Maximum Points Possible: 42.5
Aggregate Quality Score: 65%
 Performance Multiplier: 75%

Aggregate Quality Score Translated into Performance Multiplier

Aggregate Quality Score (% of maximum points)	Performance
75% - 100%	100%
50% - 74%	75%
30% - 49%	50%
Less than 30%	0%

Quality Performance, by Measure

OCM Quality Measure	Measure Source	Scoring Basis	Performance*	Maximum Points*	Earned Points*
OCM-1: Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode	Claims	Performance	24.8%	10	7.5
OCM-2: Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode	Claims	Performance	26.5%	10	0
OCM-3: Proportion of patients who died who were admitted to hospice for 3 days or more	Claims	Performance	58.3%	10	7.5
OCM-4: Pain Assessment and Management Composite	Registry	NA	NA	NA	NA
OCM-5: Preventive Care and Screening; Screening for Depression and Follow-Up Plan (CMS 2v6.3, NQF 0418)	Registry	NA	NA	NA	NA
OCM-6: Patient-Reported Experience of Care	Survey	NA	NA	NA	NA
OCM-7: Prostate Cancer: Adjuvant Hormonal Therapy for High or Very High Risk Prostate Cancer (PQRS 104, NQF 0390)	Registry	Reporting	Reported	2.5	2.5
OCM-8: Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis to patients under the age of 80 with AJCC III (lymph node positive) colon cancer (NQF 0223)	Registry	Reporting	Reported	2.5	2.5
OCM-9: Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage IB - III hormone receptor negative breast cancer (NQF 0559)	Registry	Reporting	Reported	2.5	2.5
OCM-10: Trastuzumab administered to patients with AJCC stage I (T1c) - III and human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy (NQF 1858)	Registry	Reporting	Reported	2.5	2.5
OCM-11: Breast Cancer: Hormonal Therapy for Stage I (T1b)-IIc Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (CMS 140v5.0, NQF 0387)	Registry	Reporting	Reported	2.5	2.5
OCM-12: Documentation of Current Medications in the Medical Record (CMS 68v6.1, NQF 0419)	Registry	NA	NA	NA	NA

* Performance, Maximum Points, and Earned Points for OCM-1, OCM-2, or OCM-3 are NA if your practice or pool did not have the minimum number of episodes required to score.

See [Appendix A](#) for Quality Measure Performance Information

See [Appendix B](#) for Quality Measure Benchmark Details

INFORMATION NOT RELEASABLE TO THE PUBLIC: It must not be disseminated, distributed, or copied to persons unless they have been authorized by CMS to receive the information.



Cancer Care Quality Program
Quarterly Clinical Quality Report #2 - 2017Q4



Practice State

	2017Q4	2017Q3	2017Q2	2017Q1	National Best** 2017Q4
Total Mbrs registered in Program to date	1,289	1,188	1,096	999	126
Mbrs registered in measurement QTR	225	204	212	209	54
Pathway Adherence among mbrs registered in QTR					
# of members On pathway	96	90	85	80	NA
# of members Off pathway	17	20	20	30	NA
% of members On pathway	85.0%	81.8%	81.0%	72.7%	100.0%
Program Registration rate among mbrs with NEW chemo/drug treatment in QTR					
# of mbrs newly initiating chemo/drug treatment	72	61	62	62	NA
% of mbrs newly initiating treatment registered in Program	93.1%	91.8%	93.5%	91.9%	100.0%
Number of mbrs registered in Program since launch date with active Anthem Enrollment in QTR					
# of mbrs who has a death record in QTR	12	6	9	10	NA
Mortality Rate	1.5%	0.8%	1.3%	1.4%	0.0%
% Admitted to ICU within last 30 days of life	50.0%	66.7%	77.8%	80.0%	16.7%
% Received chemo/drug treatment within last 14 days of life	8.3%	33.3%	22.2%	30.0%	0.0%
% Enrolled in Hospice enrollment	25.0%	0.0%	11.1%	10.0%	60.0%
Hospice Duration (days) among Hospice enrollees	46.33	0.00	105.00	1.00	18.29
Number of mbrs registered in Program since launch date with active Anthem Enrollment in QTR					
Annualized # of ER Visits per 1000 mbr months	764	823	799	815	0
Annualized # of Hospital Admissions per 1000 mbrs months	588	505	509	680	0
Annualized # of Hospital Days per 1000 mbrs	3,380	2,855	2,623	4,806	0
Average Length of Stay (days) for hospitalizations	5.75	5.65	5.15	7.07	0.00

* Benchmarks based on practices with at least five (5) members with the measure.
**The National Best will be either 10th or 90th Percentile based on whether lower or higher scores are desirable.

BCL SUMMARY FOR CHEMO AND FOCUS MEDICAL COST CATEGORIES

CMS Calendar		Paid Thru Mar 2018; D05 Dec 2017									
Grand Total - UNIQUE FOCUS CHEMO PATIENTS											
Focus group size vs compare groups											
Patient Risk Score		19.12	17.02	21.37	17.61	19.18	16.52	19.68	19.23	19.31	17.97
FOCUS MBR CHEMO COSTS AT PRAC (TIME PERIOD)		\$1,606,099	\$2,698,284	\$1,893,915	\$3,485,108	\$1,136,805	\$2,177,167	\$1,008,571	\$1,509,278	\$10,227,216	\$12,728,100
AVG PMPY		\$44,248	\$24,293	\$64,457	\$35,257	\$24,521	\$15,449	\$79,379	\$30,548	\$54,467	\$17,795
AVG PMPY COMPARE		45.77%	45.13%	45.13%	45.13%	-40.62%	-41.28%	58.73%	48.23%	28.18%	-28.83%
ACTIVE CHEMO MBR MONTHS @ PRAC- ANY CHEMO CLM IN MON - 1		149	552	78	455	2,115	4,960	8,007	5,967	4,923	10,771
ACTIVE CHEMO PMPY @ PRAC		\$19,989	\$6,445	\$19,812	\$7,294	\$7,104	\$4,730	\$18,321	\$5,389	\$14,118	\$6,883
COMPARE		25.79%	14.27%	24.54%	16.27%	-34.50%	-35.35%	66.85%	20.43%	28.57%	-28.83%
AVG ACTIVE CHEMO MONTHS SEIR**		4.0	3.7	4.7	4.6	3.7	3.2	4.8	4.4%	3.0	3.6
COMPARE		15.80%	17.01%	15.80%	17.01%	-1.89%	-1.89%	-4.88%	6.44%	-4.20%	-6.69%
FOCUS MBR UNQ MBR COSTS (SEE BELOW)		\$4,240,330	\$6,183,535	\$2,286,411	\$5,147,595	\$3,355,614	\$46,007,699	\$116,235,209	\$64,728,945	\$151,274,214	\$109,281,636
AVG FOCUS MBR COST	PMPY	\$114,766	\$49,950	\$110,032	\$52,526	\$102,016	\$18,796	\$148,047	\$42,221	\$117,549	\$46,044
COMPARE		13.80%	28.27%	-45.95%	-29.68%			28.00%	1.10%	2.40%	-9.69%
ADJUSTER CATEGORY BREAKDOWN											
AMB FACILITY	ALLOWED	\$147,468	\$26,284	\$203,034	\$115,442	\$2,212,425	\$2,819,310	\$7,595,400	\$3,955,277	\$9,648,425	\$6,427,587
AMB FACILITY	UTIL MBR	24	165	34	68	336	999	695	1,837	1,631	2,943
AMB FACILITY - UPMPY	UPMPY	\$11,805	\$2,155	\$14,962	\$1,992	\$6,883	\$2,398	\$10,843	\$2,939	\$9,552	\$1,759
COMPARE		22.85%	-7.52%			-41.70%	11.26%	-8.15%	36.30%	-19.08%	25.71%
EMERGENCY	ALLOWED	\$322,443	\$14,370	\$52,067	\$54,346	\$28,648	\$746,473	\$1,237,291	\$1,038,835	\$1,765,439	\$1,785,466
EMERGENCY (ALL ICDS)	UTIL MBR	14	85	7	26	239	451	287	579	417	1,024
EMERGENCY - UPMPY	UPMPY	\$23,032	\$1,653	\$7,488	\$7,099	\$4,667	\$1,444	\$4,311	\$4,423	\$4,233	\$1,744
COMPARE		-87.20%	26.48%			-82.34%	-0.51%	-11.24%	19.28%	-81.61%	5.50%
IP FACILITY	ALLOWED	\$1,088,692	\$597,352	\$685,229	\$497,655	\$5,512,848	\$7,619,737	\$18,133,417	\$11,894,276	\$23,645,285	\$19,514,912
IP FACILITY (ALL ICDS)	UTIL MBR	13	87	8	27	138	396	744	513	362	869
IP FACILITY - UPMPY	UPMPY	\$79,899	\$15,145	\$48,154	\$18,422	\$16,715	\$39,332	\$78,337	\$13,116	\$65,370	\$21,490
COMPARE		4.07%	14.17%			-41.30%	39.50%	-8.95%	61.63%	-18.25%	18.11%
LAB	ALLOWED	\$89,747	\$64,086	\$67,318	\$47,863	\$618,240	\$799,831	\$2,462,545	\$473,816	\$8,080,285	\$1,024,647
LAB	UTIL MBR	38	140	36	85	449	1,364	730	1,379	2,655	2,655
LAB - UPMPY	UPMPY	\$2,447	\$45	\$3,543	\$564	\$1,377	\$516	\$3,473	\$522	\$2,613	\$529
COMPARE		44.80%	23.27%			-43.23%	17.05%	37.84%	18.02%	6.29%	15.58%
RADIOLOGY	ALLOWED	\$192,457	\$493,650	\$161,999	\$317,149	\$5,512,817	\$4,114,110	\$12,306,036	\$4,759,595	\$17,418,478	\$9,668,615
RADIOLOGY	UTIL MBR	31	177	17	80	381	1,182	608	1,270	1,682	2,483
RADIOLOGY - UPMPY	UPMPY	\$9,441	\$4,842	\$9,524	\$14,824	\$14,394	\$4,649	\$18,962	\$3,743	\$17,266	\$3,698
COMPARE		0.48%	0.97%			-0.01%	100.84%	-0.59%	82.49%	-4.76%	
SPEC PHYSICIAN	ALLOWED	\$169,295	\$467,281	\$98,383	\$324,412	\$2,165,403	\$4,934,105	\$4,025,498	\$5,373,345	\$6,180,901	\$9,965,452
SPEC PHYSICIAN - UPMPY	UTIL MBR	35	142	19	87	461	1,405	732	1,415	1,193	2,820
SPEC PHYSICIAN	UPMPY	\$3,640	\$3,194	\$5,169	\$3,729	\$4,697	\$8,270	\$5,499	\$5,796	\$5,181	\$3,514
COMPARE		10.44%	13.95%			-0.31%	12.53%	-10.85%	10.85%	7.29%	
MEDICAL RX	ALLOWED	\$2,100,077	\$4,369,572	\$1,482,922	\$3,726,409	\$18,204,068	\$24,505,124	\$76,516,091	\$37,098,832	\$89,721,001	\$41,628,957
MEDICAL RX	UTIL MBR	36	141	16	86	468	1,431	741	1,431	1,643	2,643
MEDICAL RX - UPMPY	UPMPY	\$59,335	\$19,217	\$78,049	\$48,900	\$46,133	\$17,419	\$95,363	\$15,840	\$73,920	\$12,677
COMPARE		31.79%	45.18%			-31.19%	-42.35%	61.11%	-18.15%	26.71%	-28.36%
RX RIDER	ALLOWED	\$162,228	\$226,670	\$14,716	\$221,911	\$2,029,619	\$2,077,479	\$3,126,931	\$3,936,537	\$5,147,680	\$4,686,615
RX RIDER	UTIL MBR	28	19	11	14	265	227	313	346	418	553
RX RIDER - UPMPY	UPMPY	\$4,457	\$12,409	\$2,893	\$15,851	\$10,922	\$6,165	\$9,930	\$6,400	\$10,337	\$1,300
COMPARE		-35.23%	27.12%			144.33%	-50.56%	113.60%	-32.59%	131.42%	-41.46%
IP FOCUS MBR LOS	TOTAL LOS	135	244	94	214	994	3,291	2,534	6,413	3,508	7,704
IP FOCUS MBR CASE COUNT (SPECIFIC ICDS)	CASE CNT	28	54	15	43	201	654	482	922	643	1,576
IP FOCUS MBR AVG LOS	AVG LOS	4.82	4.52	6.27	4.98	4.95	5.03	5.22	4.76	5.14	4.89
COMPARE		29.91%	10.14%			11.37%	11.37%	8.18%	5.93%	6.58%	8.18%
IP FOCUS UNIQUE MBR	UNIQ IP MBR	13	36	8	27	117	396	748	521	365	917
IP EVENTS PER UNIQ MBR (Spec ICDS)	PT IP UNQ Mbr Rate	2.15	1.50	1.88	1.59	1.72	1.45	1.94	1.77	1.87	1.72
COMPARE		-21.95%	6.27%			-20.24%	10.30%	-9.76%	17.08%	-13.17%	14.58%
IP MBR SHARE FOR PRACTICE	SHARE	35.1%	23.8%	38.1%	27.6%	20.5%	25.3%	31.6%	34.6%	28.3%	30.5%
IP RATE ANNUALIZED	RATE	1.41	0.87	1.28	1.28	0.76	0.40	1.21	1.12	1.09	1.12
ER CASE CRTS FOR ALL FOCUS MBR	ER CASE CRT	77	75	5	51	189	791	487	1,094	676	1,295
ER CASE CRT FOCUS MBR (SPECIFIC ICDS)	UNIQ MBR	10	49	4	28	121	416	240	524	361	840
ER EVENTS PER UNIQ MBR (Spec ICDS)	PT ER UNQ Mbr Rate	2.70	1.88	1.25	2.22	1.59	1.40	2.03	1.92	1.87	1.91
COMPARE		-53.20%	18.26%			-42.45%	1.41%	-21.65%	2.16%	-20.05%	1.80%
ALL FOCUS MBR	ALL PRAC MBR	37	151	21	98	570	1,563	1,033	1,882	2,067	2,967
ER MBR SHARE FOR PRACTICE	SHARE	27.0%	26.5%	19.0%	28.5%	21.7%	26.7%	30.6%	34.7%	28.0%	31.7%
ER RATE ANNUALIZED	RATE	1.89	0.97	0.89	1.09	0.79	0.84	1.17	1.13	1.08	1.15



Questions?