BROWN & TOLAND
PHYSICIANS

Treating people, not just patients.℠

Brown & Toland Physicians

- Clinically integrated multi-specialty network of over 1,700 physicians caring for over 330,000 patients in San Francisco Bay Area.
- Brown & Toland and Alta Bates Medical Group affiliation as of August 2011.
- Using the latest technology, Brown & Toland electronically connects independent physicians and area hospitals to facilitate the improvement of health care quality and to reduce costs.
- Brown & Toland's Pioneer ACO "care management convener" approach involves a core of a subset of its physician network, 190 doctors.

Brown & Toland Physicians: Aim

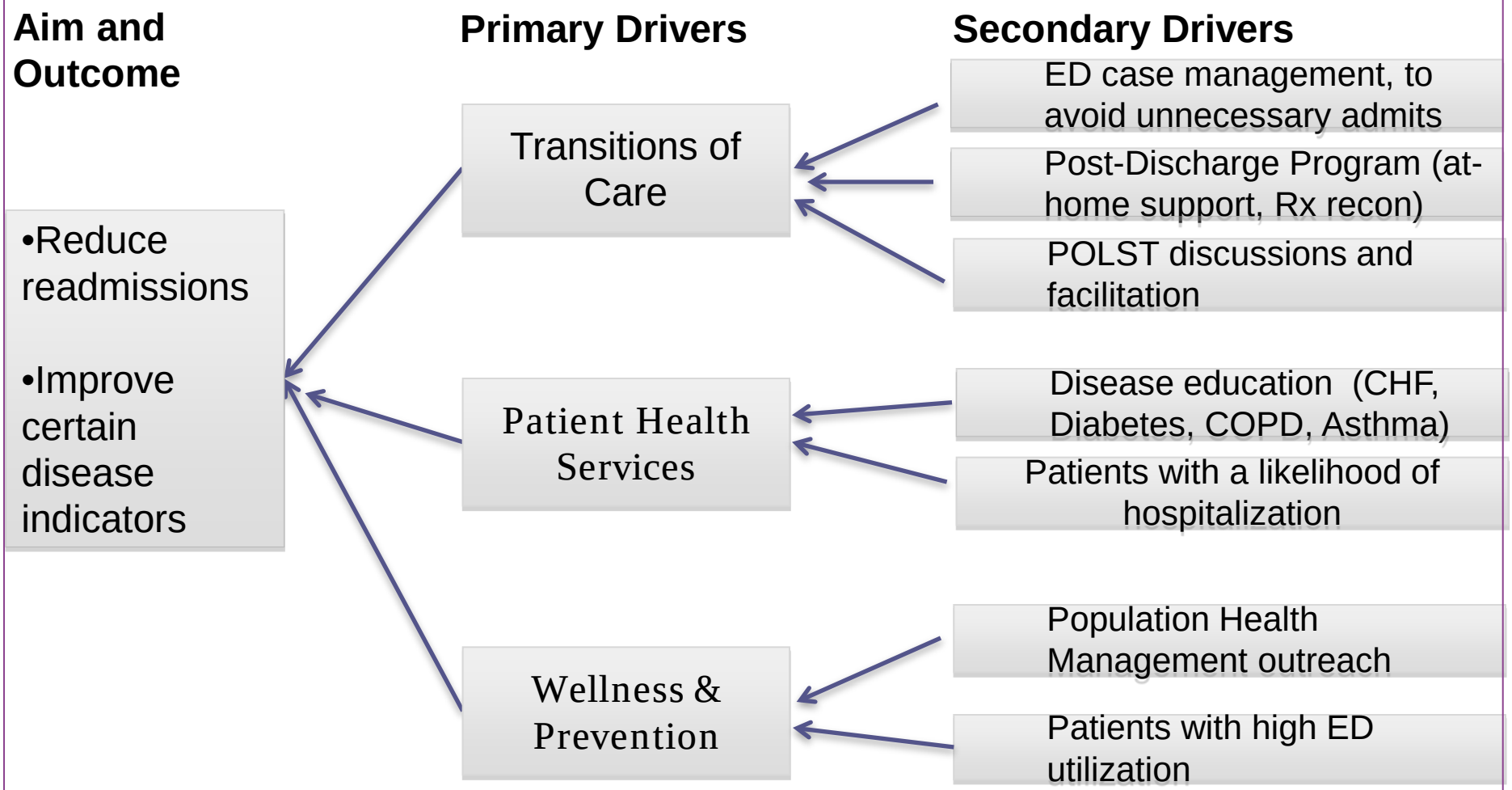
- To achieve three-part aim of improving health of patients, improving the delivery of care, and thereby reducing the cost of care for patients through a "care management convener" approach, with key measurements such as:
  - Reduce the rate of unnecessary (unplanned) readmissions (including tracking readmissions by specific disease states, e.g., CHF, COPD)
  - Track improvement of certain disease indicators, e.g.:
    - Diabetes (e.g., A1C, LDL)
    - Cardiovascular health (e.g., Blood Pressure, BMI, smoking, cholesterol management)

Brown & Toland Physicians: Care Management Drivers

Care management programs – three “pillars”:

- **Transitions of Care**:
  - Enhance and extend inpatient quality programs to ambulatory settings , including patient home settings.
- **Patient Health Services**:
  - Address the needs of moderate-to-high risk patients burdened by acute illness, chronic disease, age, or self-care deficits.
- **Wellness & Prevention**:
  - Prevent or reduce risk factors, and to enhance a patient’s capacity to sustain a healthy life.

Drivers to accomplish our aim



Our strengths

- “Clinical Integration” aligned with ACO Triple Aim.
- Physician ownership and governance.
- Integrated EHR system, includes over 75M diagnostic reporting results.
- Care management convener programs and services leveraged for all products.
- Mature history managing risk, including capitation and P4P programs.
- Experience in commercial ACO initiatives.
- Payer-agnostic funding for data exchange implementation.

Our challenges

- Network model relies on collaboration, including support at facility sites.
- Further EHR deployment needed
- Meaningful Use and enhanced point-of-care analytics.
- CBO report: “spending was either unchanged or increased” for similar programs/pilots involving disease management and care coordination.
- Medicare FFS payment system not aligned with ACO objectives and goals.
- CMS data integration for quality reporting.