PROVIDING QUALITY HEALTH CARE TO THE UNINSURED

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Chief Medical Officer

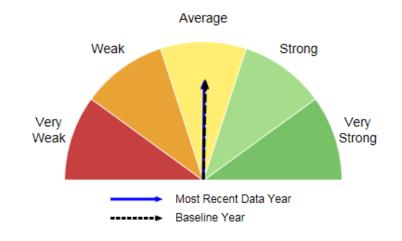
Health Alliance & Carle Medical Management







Illinois score 50.3



- · Illinois's Score for the Recent Data Year: 50.3
- · Illinois's Score for the Baseline Year: 50.69

Review underlying data

Performance of All States Across All Measures

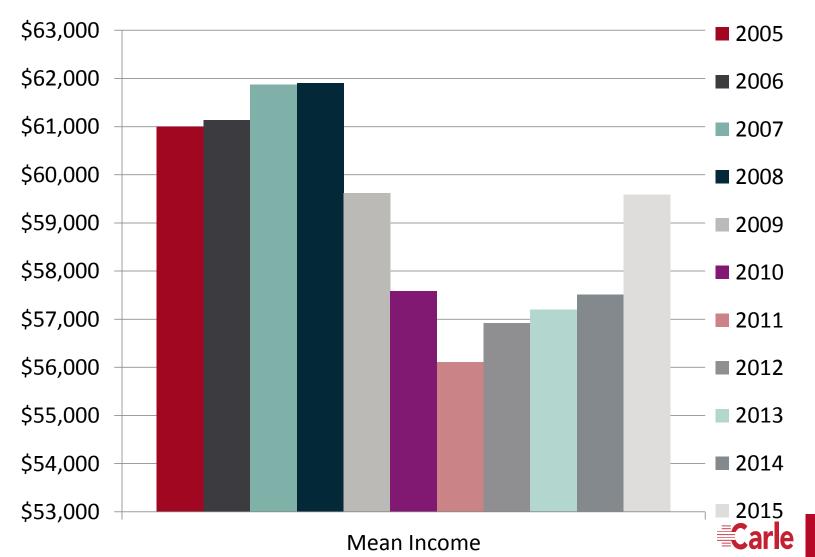
State	Meter Score for All Measures
Wisconsin	70.65
Massachusetts	70.43
Pennsylvania	66.55
Maine	64.91
North Dakota	64.73
Iowa	63.97
New Hampshire	63.68

http://statesnapshots.ahrq.gov

Diseases & Conditions



The Big Picture – Illinois Household Income



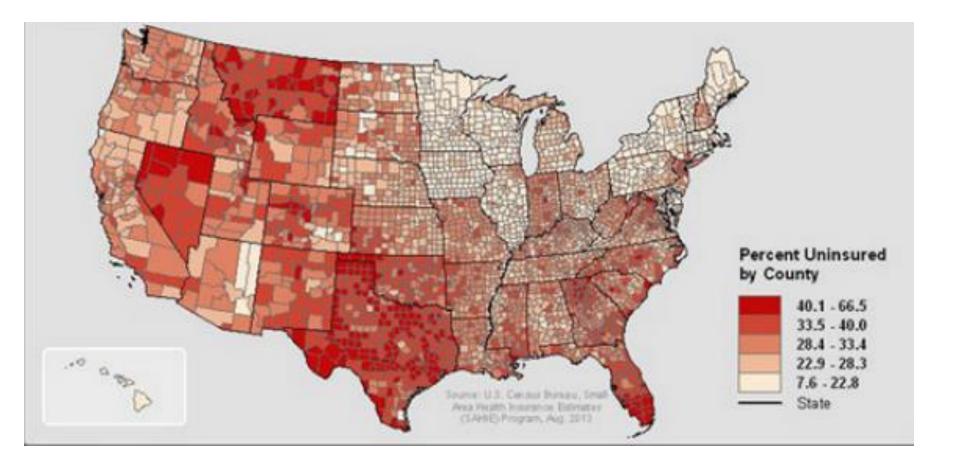
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Median Income in United States



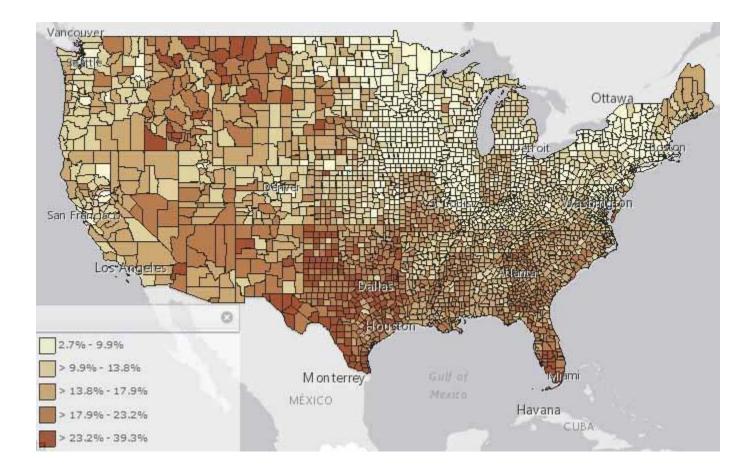


Persons Living Below the 138% Poverty, < 65 years 2013





Map of the Uninsured in America 2016



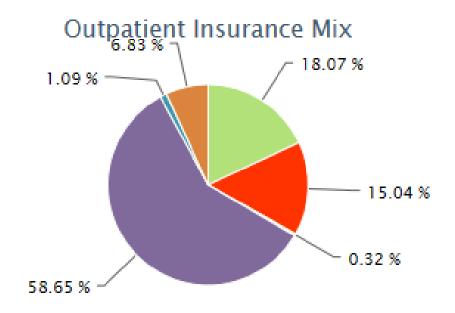


CARLE COMMUNITY CARE PROJECT 2016 COMMUNITY CARE UTILIZATION OF ACTIVITY SOURCE: IMA/JCS 4/26/2017

Patients Volume with FPL Status				
Distinct Patient Volume	44,004			
Patients without Coverage	15,280			



Place of Service	*Patient Volume	Procedure Qty	% of Total Qty	% of Total Charges
Ambulatory Surgical Center	107	1,088	2.9%	6.0%
Emergency Room - Hospital	2495	5,980	16.0%	20.5%
End-Stage Renal Disease Treatment Facility	2	11	0.0%	0.1%
Home	2	1	0.0%	0.0%
Inpatient Hospital	415	5,916	15.8%	24.8%
Inpatient Psychiatric Facility	8	58	0.2%	0.1%
Mass Immunization Center	13	24	0.1%	0.0%
Office	479	1,712	4.6%	1.8%
On Campus - Outpatient Hospital	4645	22,596	60.4%	46.7%
Skilled Nursing Facility	4	5	0.0%	0.0%
CPG Total	6,078	37,391	100%	100%



Percent Patients Medicaid: Hospital Outpatient
Percent Patients Medicare: Hospital Outpatient
Percent Patients Other Public Financing: Hospital Outpatient
Percent Patients Private Insurance: Hospital Outpatient
Percent Patients Private Pay: Hospital Outpatient
Percent Patients Charity Care: Hospital Outpatient

Uninsured and Underinsured Population Remains High

- 11% of the population, about 31 million individuals will remain uninsured (CBO 2017)
- Charity care programs must adapt to meet targeted needs

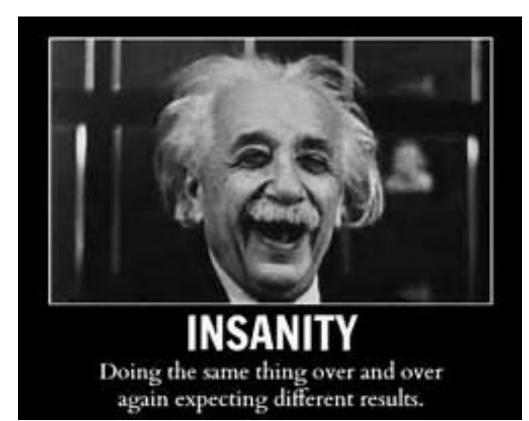


The Triple Aim





Do Nothing Different

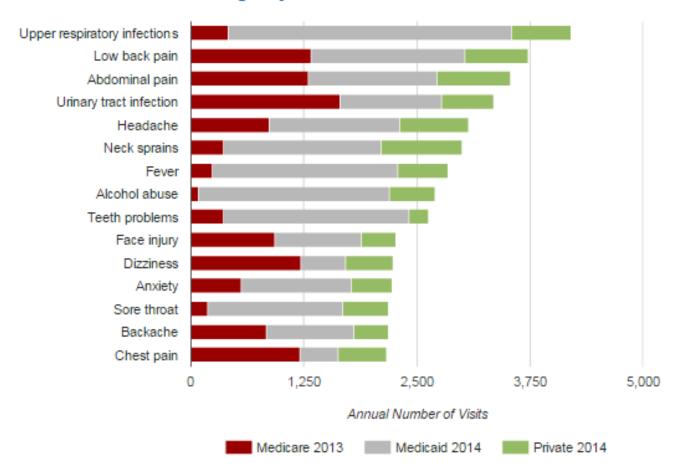


Emergency Room Visits US Medicaid

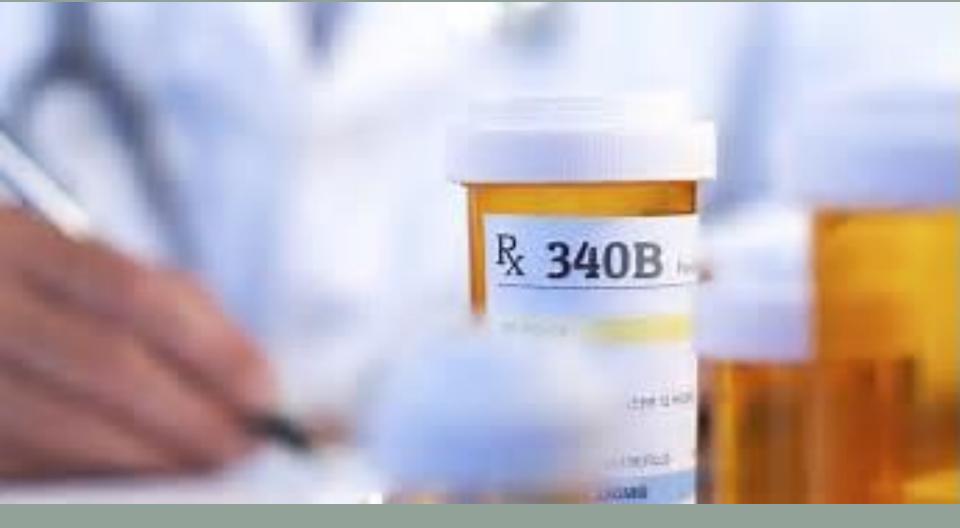


Preventable ER Visits

Top 15 Potentially Preventable Reasons for Emergency Room Visits







Federal program to reduce prices if no prescription coverage. Reduced out of pocket costs at point of sale (Walgreens) Eligibility determined by pharmacy.

Increase care financed by health care systems and providers



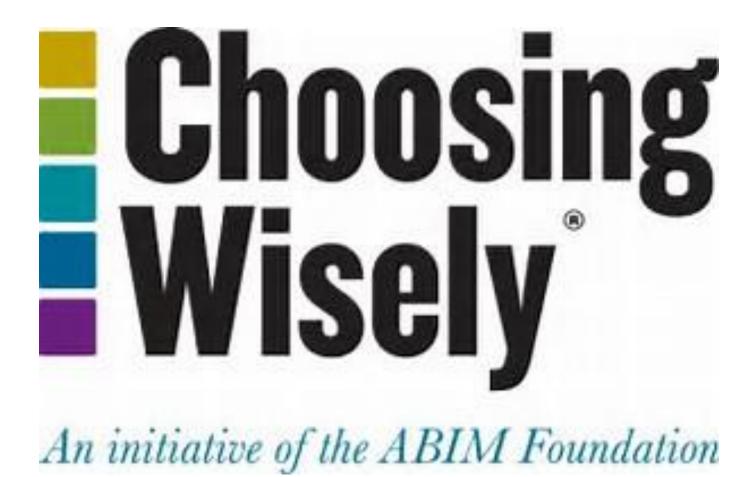


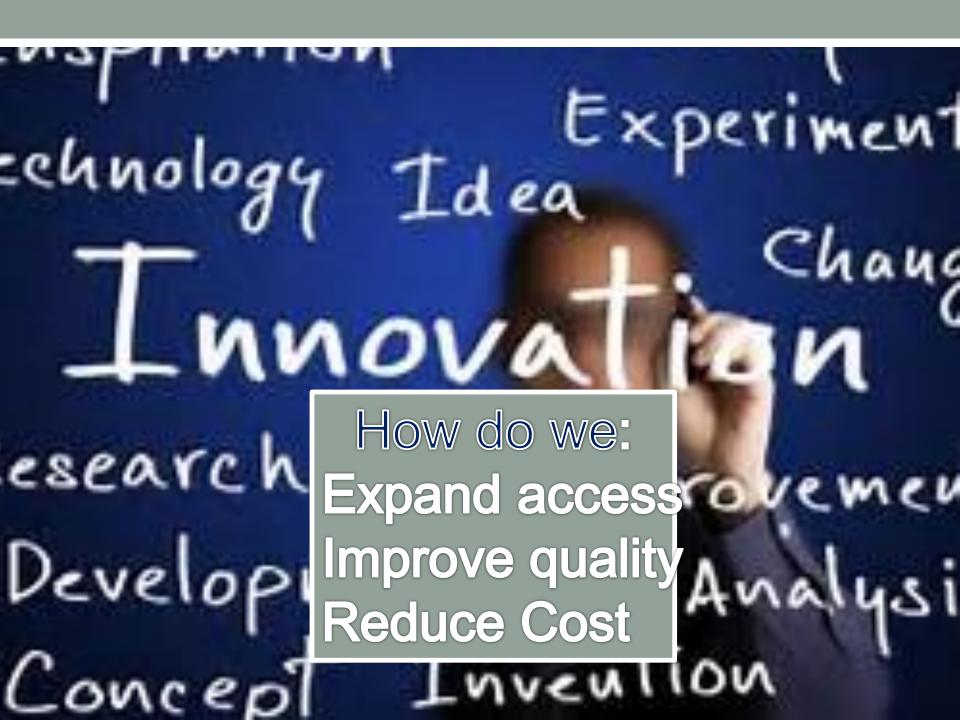


Limit Health Care

Optimizing care

30% of care does not improve health outcomes

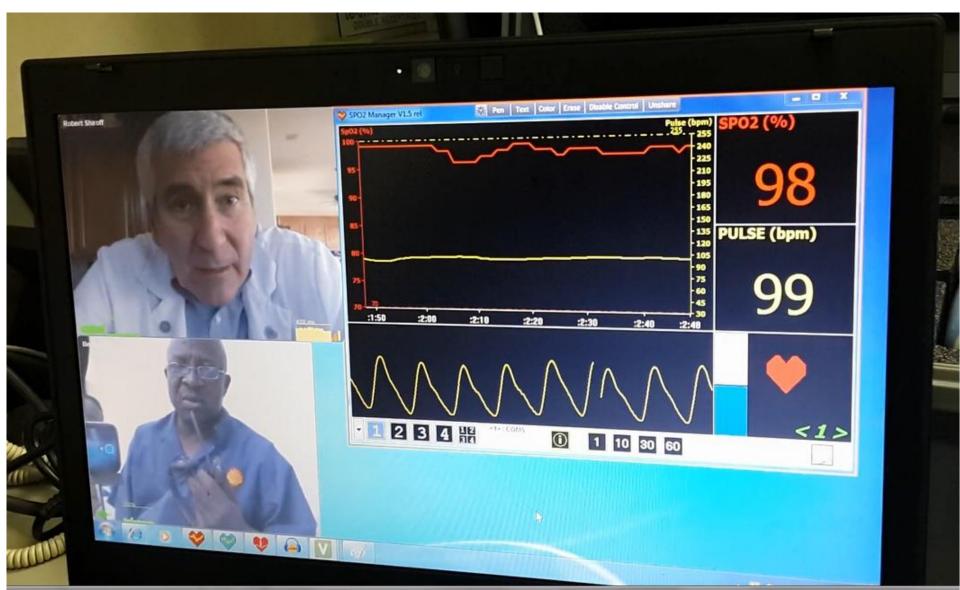




Diagnostic Models



Virtual Visits





82 % of people agree it is important to put their wishes for end of life in writing23% have done it.



- Price transparency might have the biggest effect in informing the public about health care costs and could support a more efficient delivery system in the US.
 - Robert Wood Johnson Foundation (March 2016)



How can this work for Carle Community Care?

- Sam is a 37 y/o male who was working a part-time job as a janitor. No insurance.
- He suffered a slip on wet concrete but no fall
- He went to convenient care where back Xrays w obtained and given ibuprofen.
- He then went to a primary physician in follow up 2 weeks later with continued pain

- He had no neurological losses and mainly had positional discomfort. No previous back injuries. He had difficulty working and convinced the MD to order a MRI scan.
- The MRI was denied based on best practice care for back pain.
- He was referred to Physical Therapy and improved over 2 weeks to normal functional level

Best practice care

 Avoided the \$3000 + cost of MRI. Would not have changed outcome and available resources for another person of need.

Look for Assistance Eligibility

