Arkansas Health Network
Clinically Integrated Network
Fact Pack

2017
Arkansas Health Network is a **physician led**, clinically integrated network initiative that builds on the strengths of participating providers to improve patient health, increase efficiency and enable physicians to succeed in today’s changing health care payment and delivery environments.

**AHN by the Numbers:**
- 71K+ value-based patient “lives” managed (and growing!)
- 1350+ participating providers across AR
  - 2/3 Independent
  - 1/3 Primary Care
- 3 **physician-led** chapters (LR, HS, Conway)
Clinical Integration is defined as the extent to which patient care services are coordinated across people, functions, activities, processes, and operating units so as to maximize the value of services delivered. Clinical integration includes both horizontal integration (the coordination of activities at the same stage of delivery of care) as well as vertical integration (the coordination of services at different stages).


Clinical Integration allows groups to "Face the Market as One"
Guiding Principles

- Provide physicians with strong governance and leadership roles; AHN will be physician-led and physician-governed.
- Build on the capabilities of existing providers to improve the overall health of the patient populations AHN serves.
- Involve and support a strong network of excellent primary-care clinicians.
- Capitalize on the existing strengths and cost efficiency of CHI St. Vincent providers to be attractive to payers, employers and patients based on cost, quality and other key variables.
- Use a flexible vehicle to align physicians in independent community practices and those in hospital-affiliated practices.
- Provide participating physicians with network ownership opportunities.
- Partner with other physician practices, hospitals and networks locally and across Arkansas to meet payer needs.
- Remain flexible to adapt to changes occurring in the market and health care reform.
AHN Covered Lives & Contracts (As of May 29, 2017)

<table>
<thead>
<tr>
<th>MSSP ACO</th>
<th>CHISV Coworkers</th>
<th>PCMH</th>
<th>CPC+ (Non-MSSP)</th>
<th>QualChoice MA</th>
</tr>
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<tbody>
<tr>
<td>25,447 lives</td>
<td>6,830 lives</td>
<td>21,978 lives</td>
<td>31,115 lives</td>
<td>1,501 lives</td>
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Common Characteristics of Value-Based Contracts:

- Patients attributed based on where they receive a “plurality of primary care services” ~ existing clinic patients
- Incentives or shared savings based on COST and QUALITY performance
  
  Key Metrics: Readmissions, chronic disease management, preventive medicine, ED Visits, post-acute utilization
- Care coordination and data are most important resource for improvement
- Mostly upside risk → transitioning to upside and downside risk arrangements

15,455 duplicate lives of MSSP
Achievements – Cost & Quality

AHN has created $7.1M of savings and earned over $2.3M in performance-based incentives

- Medicare Shared Savings Program: Generated $3.9 million of total savings. Medicare shared $1.9 million with Arkansas Health Network

- Medicare Shared Savings Program: Arkansas Health Network achieved a score of 94.8% and 88.6% in 2015 for GPRO Quality Metrics, in 2015 and 2016 respectively, which were reported to CMS.

- Employee ACO: In the current fiscal year, AHN is on track to create 12.7% cost savings for the CHI St. Vincent Co-Worker Health Plan

- CPCI (Comprehensive Primary Care Initiative): For 2,008 ABCBS patients, CHI St. Vincent clinics outperformed all other CPCI clinics in AR in quality and cost metrics
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