Chronic care management pays for care between visits for chronic conditions

Patients with **2 or more** Chronic Conditions

Aimed at **PCPs**, open to any specialty

20+ Minutes per month

$42.60 Medicare Payment

Examples of eligible Chronic Conditions

- Alzheimer's disease and related dementia
- Arthritis (osteoarthritis and rheumatoid)
- Asthma
- Atrial fibrillation
- Autism spectrum disorders
- Cancer
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart failure
- Hypertension
- Ischemic heart disease
- Osteoporosis

2/3 of Medicare beneficiaries had **2 or more** chronic conditions

About **1/3** had **4 or more** chronic conditions

Source: http://www.cdc.gov/pcd/issues/2013/12_0137.htm

5 MDs
Group Family Practice

4,078 Patients per year
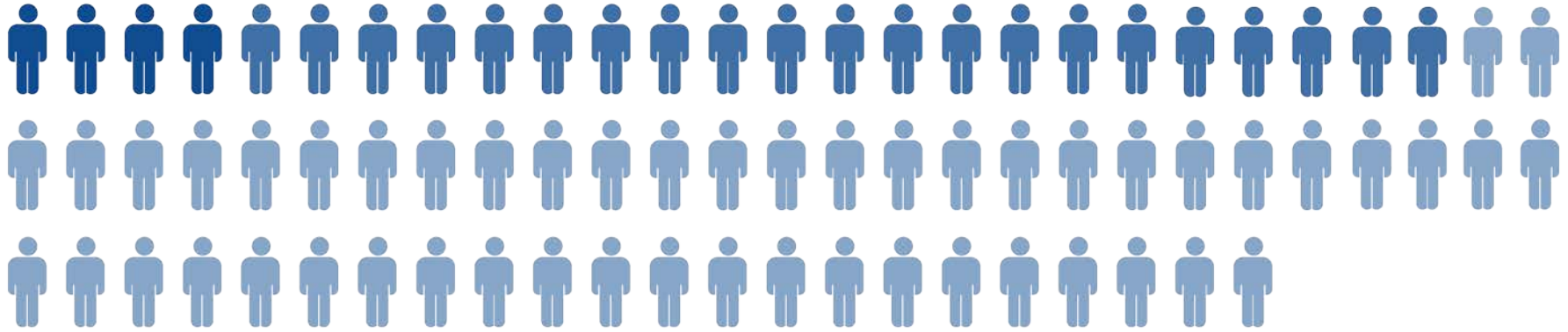
$3,299,569 Annual revenue

$426,542 AT STAKE

3M — 3.2M — 3.4M — 3.6M — 3.8M — 4M

	$102,766	CCM (1 month)**
MU $35,420	$123,033	TCM (avg. complexity)[1]
PQRS & VM $35,420	$129,903	VM & HCC*
PENALTY $70,840	$355,702	**REWARD**

13%
OF TOTAL 2016 ANNUAL REVENUE

A partner for VBR: athenahealth's Full Value Program

Government Affairs Team
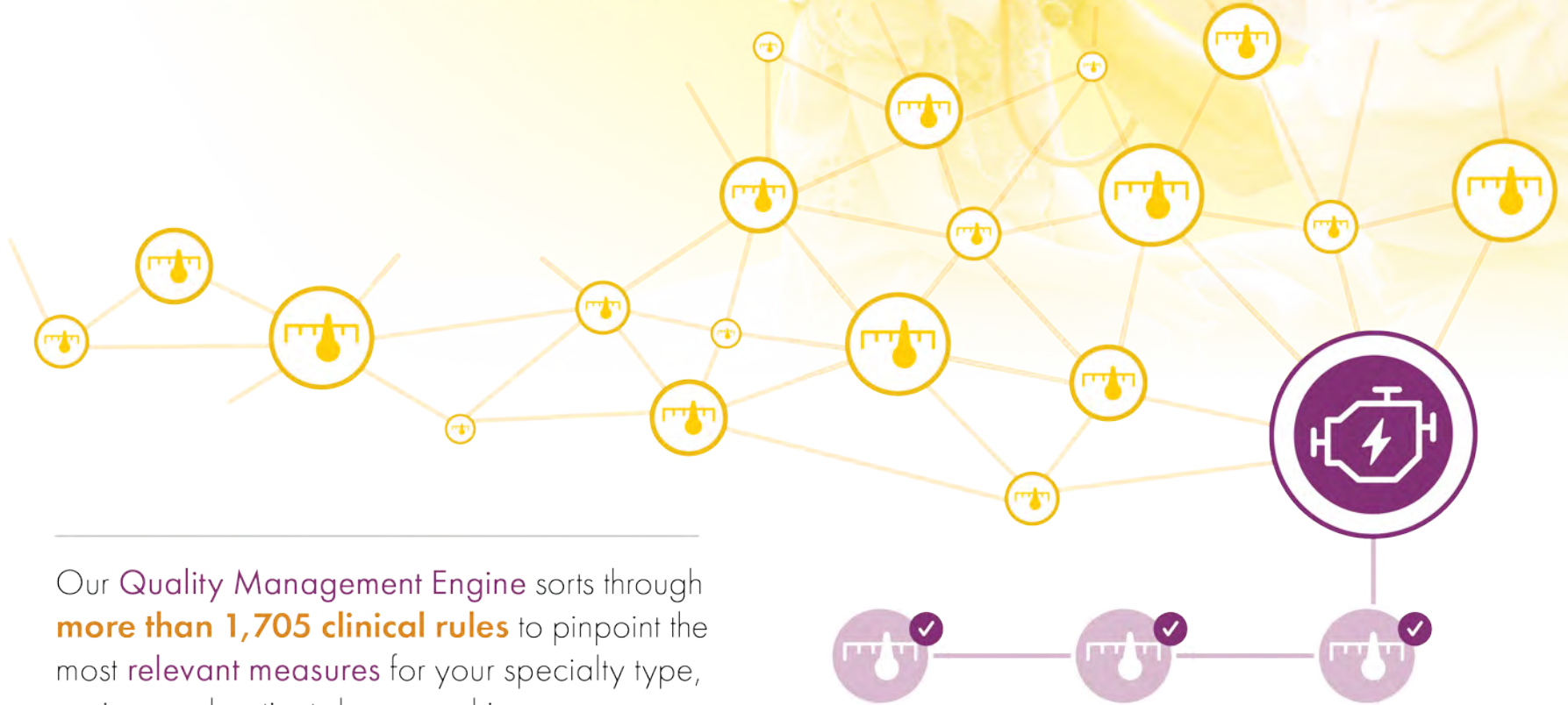**4 People**

Quality Management Team
21 People

Payer Performance Team
51 People

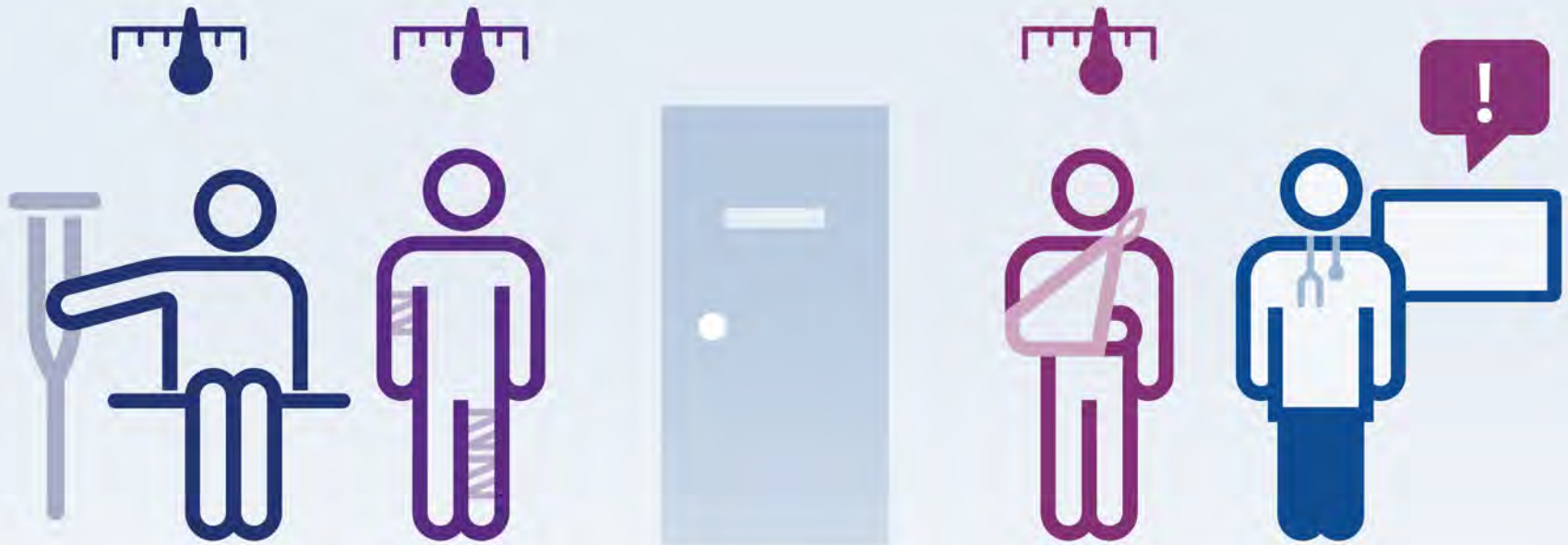**3 teams** tracking **103+ different programs**

Charting an easy course to value

Our Quality Management Engine sorts through **more than 1,705 clinical rules** to pinpoint the most relevant measures for your specialty type, region, and patient demographics.

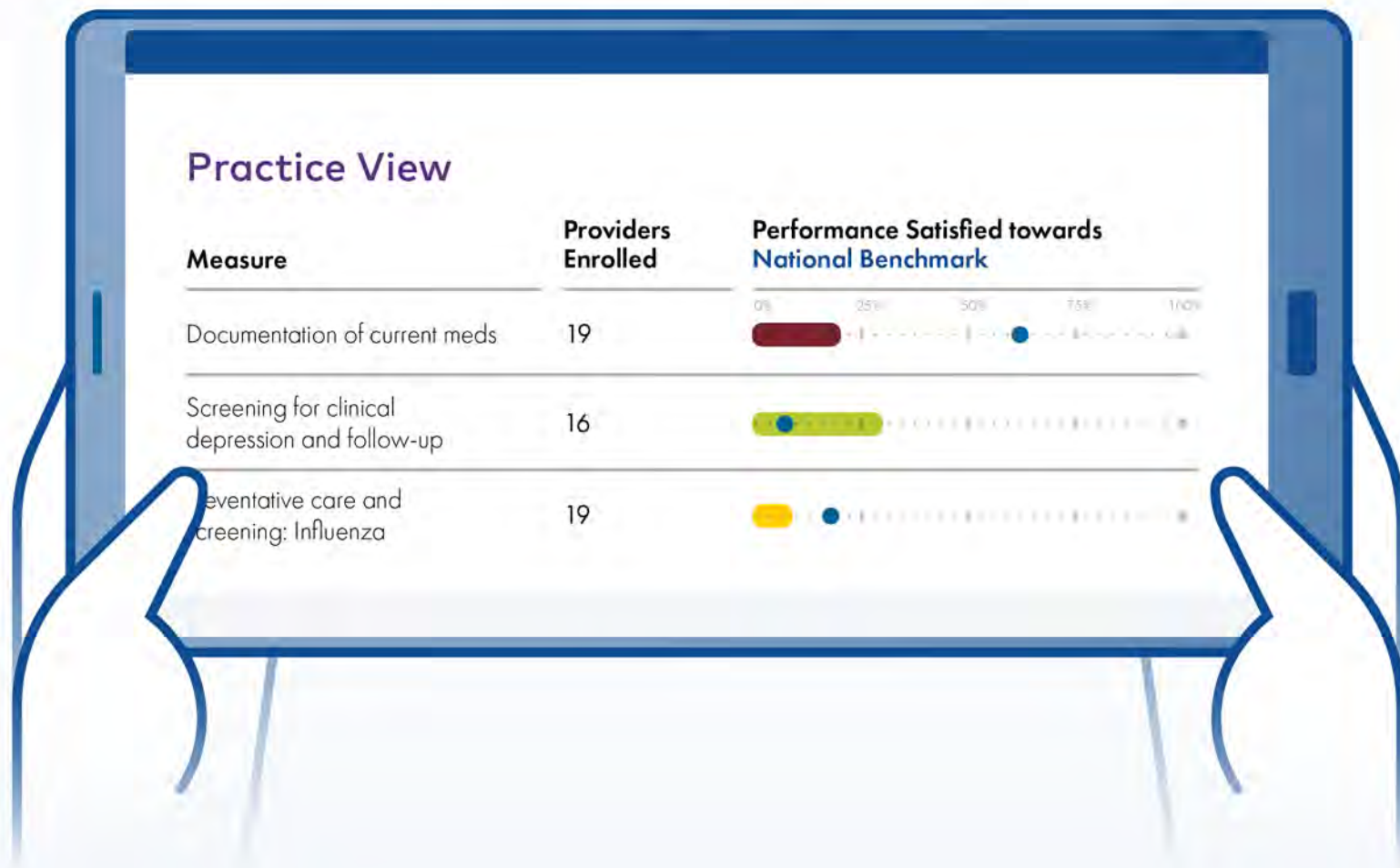# Satisfy measures easily while staying focused on your patients

Clinical rules are triggered **specific to each patient.**

Providers are notified and can satisfy measures **in the moment of care**.

Real-time performance visibility

Practice View

Measure	Providers Enrolled	Performance Satisfied towards National Benchmark
Documentation of current meds	19	
Screening for clinical depression and follow-up	16	
Preventative care and screening: Influenza	19	

We leverage the power of our network to guide providers to success by:
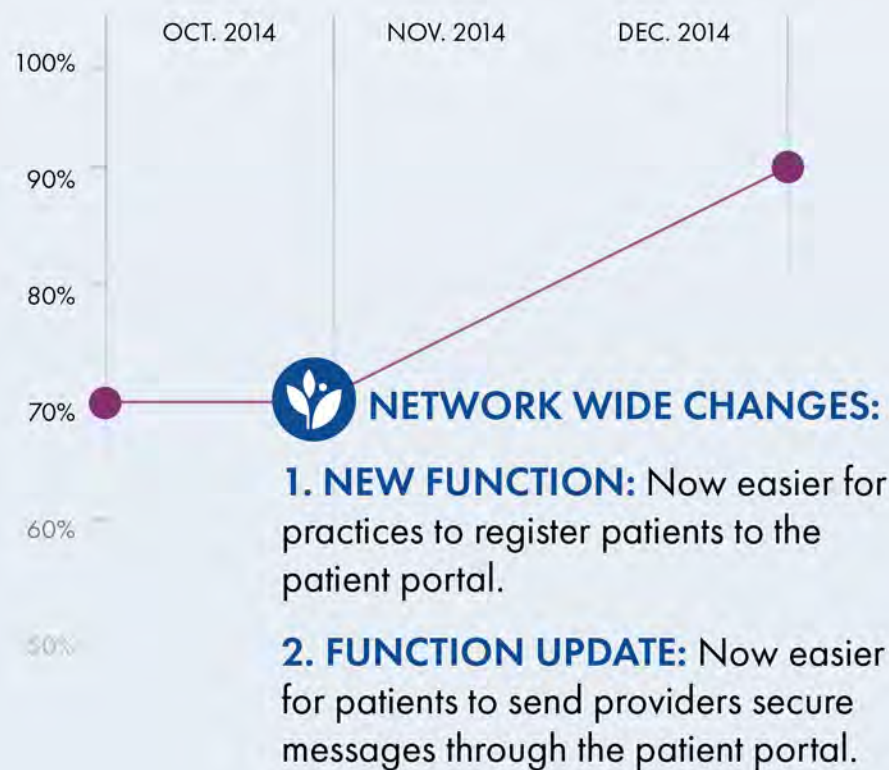
Identifying performance gaps.

Surfacing requirements in the workflow.

Driving improvements across the network.

athenaNet provider performance on Meaningful Use Stage 2 measure: Use Secure Electronic Messaging
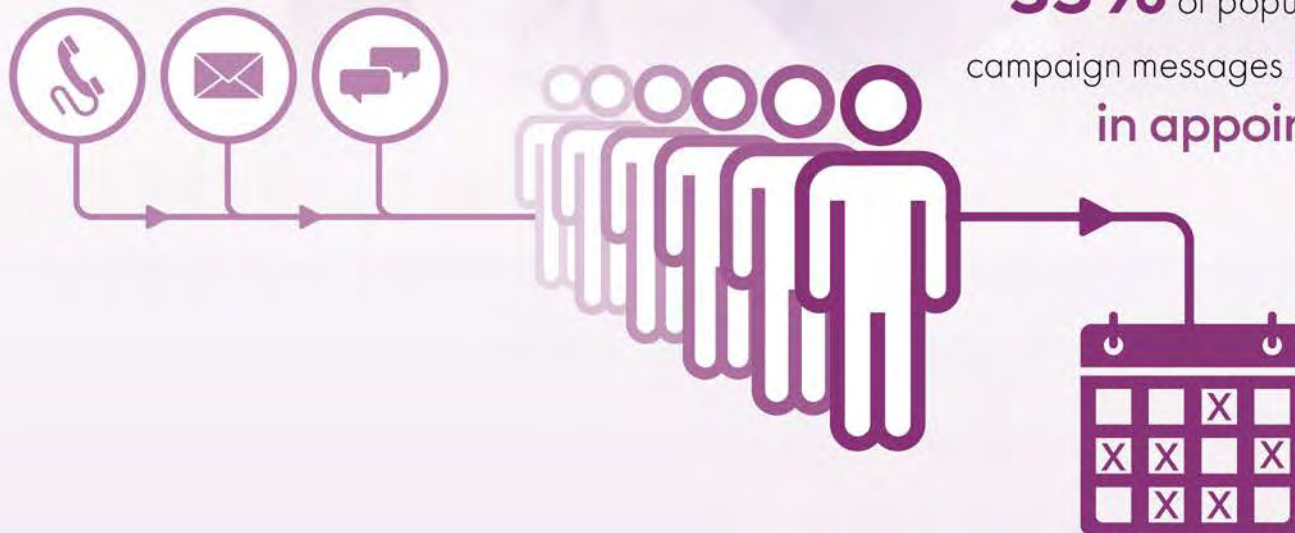
| OCT. 2014 | NOV. 2014 | DEC. 2014 |

100%

90%

80%

70%

60%

50%

NETWORK WIDE CHANGES:

1. NEW FUNCTION: Now easier for practices to register patients to the patient portal.

2. FUNCTION UPDATE: Now easier for patients to send providers secure messages through the patient portal.

Engaging and activating patients

200 million automated messages were delivered in 2014.

33% of population health campaign messages **resulted** in appointments

We take on the busy work

169,635
hours of work saved
across the network

21,705
completed attestations

539
audits supported

Proven success

$424 million
in incentive payments were made across the network since 2011.

$192 million
was saved across the network from 2012–2015.

15.8 million
claims processed from January–June 2015 were tied to VBR.

Our clients are already performing better…

**Meaningful Use
Stage 2 attestation**

NATIONAL AVERAGE	ATHENAHEALTH CLIENTS
33%	98.2%

**% of HCPs avoiding
PQRS penalties in 2015**

NATIONAL AVERAGE	ATHENAHEALTH CLIENTS
60%	93.6%

NETWORK + KNOWLEDGE + WORK

RESULTS