

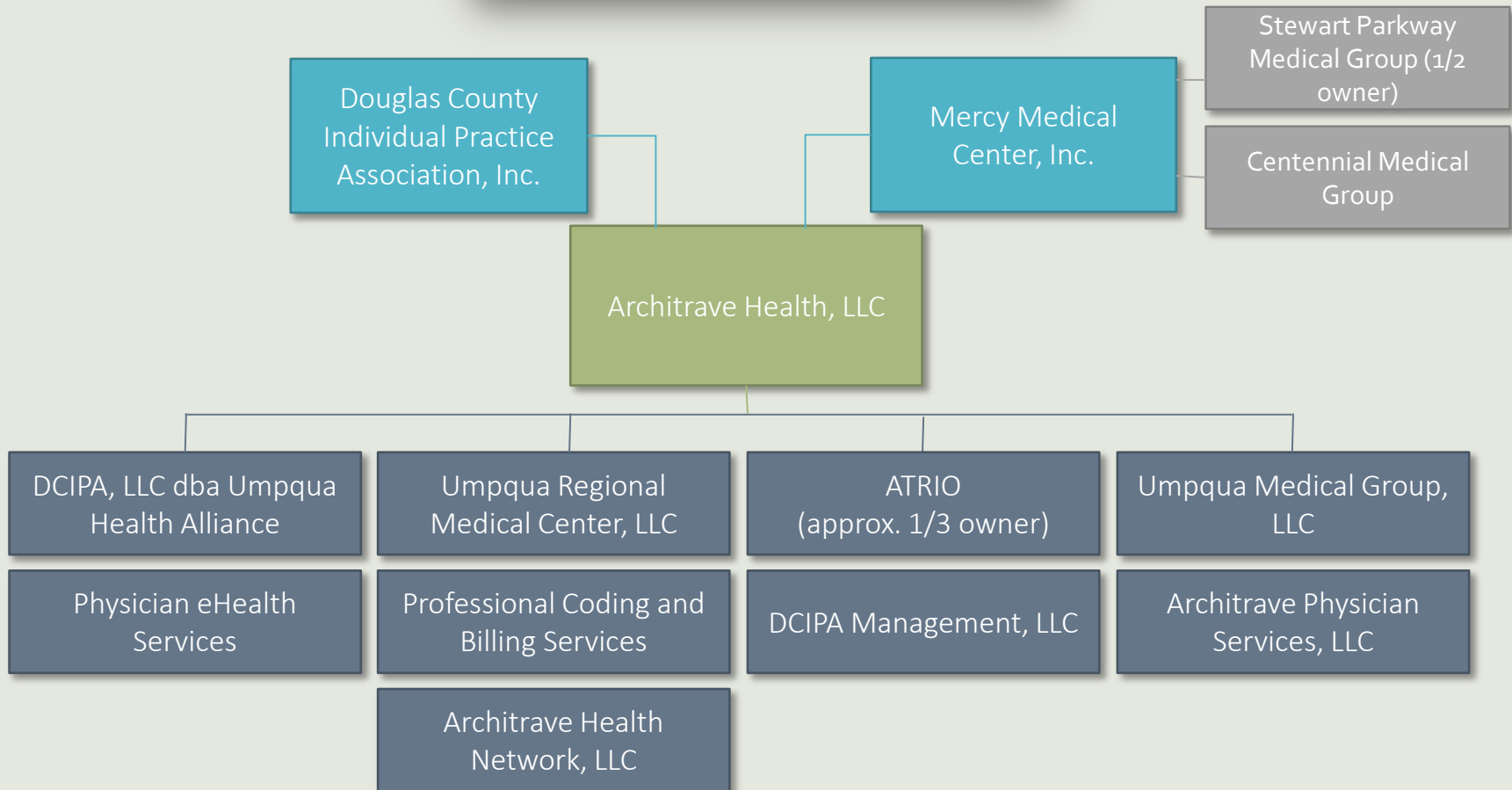
House Health Care Committee

Gary McCormack, Interim CEO

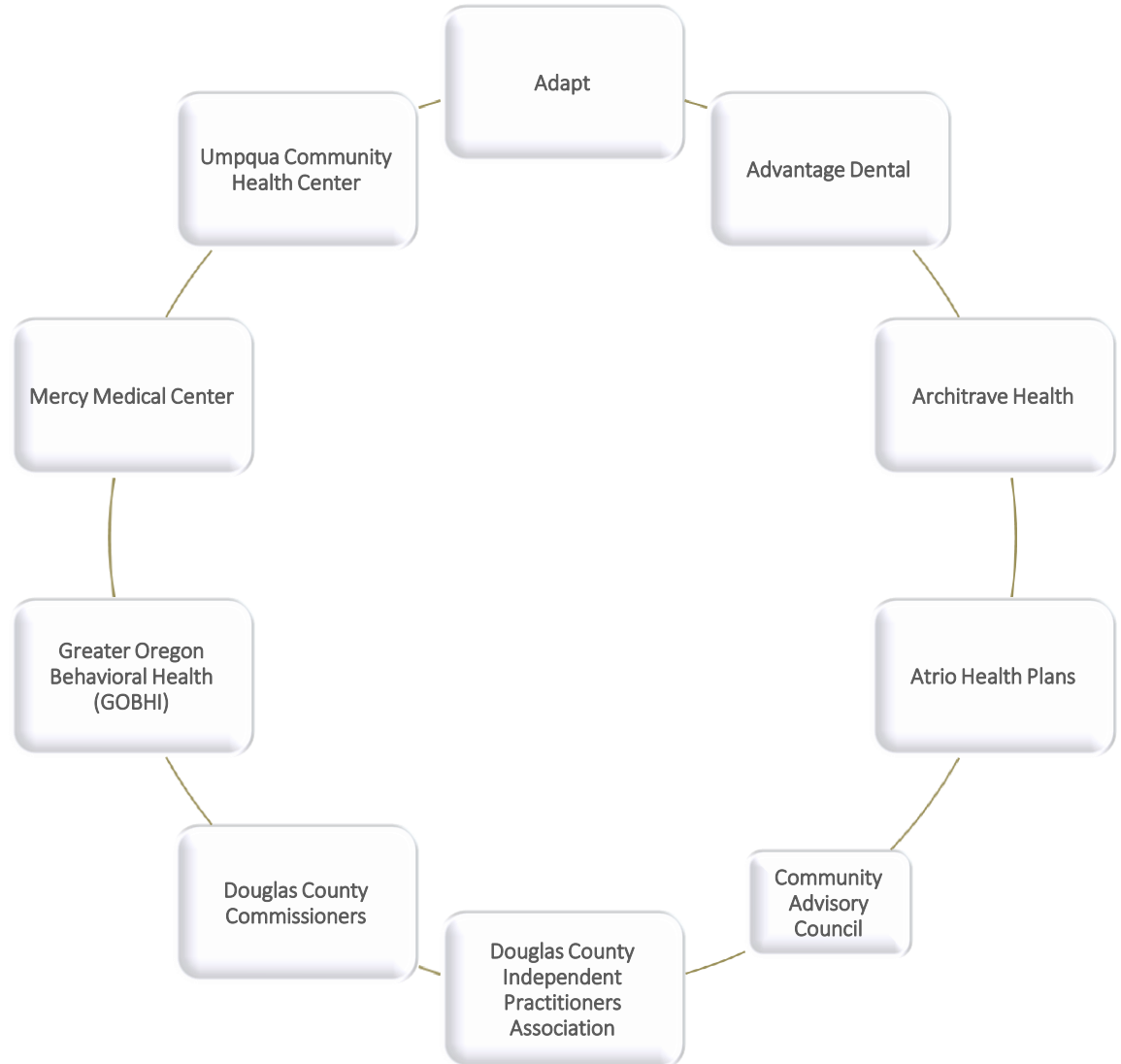


Umpqua Health Alliance

Structure of the



UHA Board



From DCIPA LLC Audited Financials now DBA Umpqua Health Alliance*

	2012	2013	2014
Revenue	\$ 61,220,936	\$ 67,787,201	\$ 126,183,388
Expenses	\$ 54,657,379	\$ 61,940,427	\$ 103,536,527
Gross Income	\$ 6,563,557	\$ 5,846,774	\$ 22,646,861
estimated Taxes	\$ 2,756,694	\$ 2,455,645	\$ 9,511,682
Net Income	\$ 3,806,863	\$ 3,391,129	\$ 13,135,179
OHA Rebate			\$ 7,545,879

*2014 estimate based on completion of current audit

Financial Performance

*From DCIPA LLC Audited Financials now DBA Umpqua Health Alliance**



Membership



- 89% of members are assigned to PCPCHs
- 60% of members are assigned to clinics with embedded mental health providers
- 95% of members are assigned to PCPs who uses an electronic medical record
- 88% are assigned to PCPs who uses Umpqua One Chart

Population Health Tools

Dr. Jones 2015 Metrics Report Card Metric Measurement Period: Jan 1 2014 - Dec 31 2014				
2014 Member Count 544				
Measure	Numerator/ Denominator	2015 Score	2015 Target	Status
Amb Care: ED *	150/3.70	40.51	62.00	MET
Colorectal Ca. Screen. *	14/27	51.9%	47.0%	MET
Dev. Screen. 1st 3yrs. *	15/71	21.1%	36.5%	NOT MET
F/U Mental Illness [7d] *	0/1	0.0%	62.3%	NOT MET
SBIRT *	29/366	7.9%	12.4%	NOT MET
Well-Care Visits [12-21yo] *	23/223	10.3%	33.6%	NOT MET
Controlling High Blood Pressure *	28/44	63.6%	64.0%	NOT MET
Screening for Clinical Depression and F/U Plan *	74/146	50.7%	25.0%	MET
Diabetes: HbA1c Poor Control *	5/20	25.0%	34.0%	MET

Population Health Tools

Diabetes: HbA1c Poor Control Gap List						
Members who are in the denominator but do not meet the measure: Percentage of diabetic patients age 18-75 whose most recent HbA1c level, during the measurement period, is greater than 9.0%. (a lower number suggests better control of diabetes disease process)						
Member #	Member Name	DOB	PCP	Office Visit Date	Most Recent HbA1c Test Date	HbA1c Level
1	Patient A	1954-08-31	Dr. Jones	2014-12-23	2014-12-30	13.1
2	Patient B	1958-04-26	Dr. Jones	2014-11-17	2014-12-30	13.4
3	Patient C	1971-05-30	Dr. Jones	2014-12-29	2014-12-29	14.4
4	Patient D	1966-09-22	Dr. Jones	2014-12-23	2014-12-23	13.9
5	Patient E	1952-10-10	Dr. Jones	2014-09-25	2014-12-22	9.8
6	Patient F	1967-04-15	Dr. Jones	2014-12-22	2014-12-22	15
7	Patient G	1948-10-23	Dr. Jones	2014-08-15	2014-12-22	10.8
8	Patient H	1963-01-02	Dr. Jones	2014-12-18	2014-12-18	12.6
9	Patient I	1962-09-13	Dr. Jones	2014-09-30	2014-12-16	14.1
10	Patient J	1954-08-13	Dr. Jones	2014-12-30	2014-12-11	13.6
11	Patient K	1967-10-02	Dr. Jones	2014-12-09	2014-12-08	13.3
12	Patient L	1967-08-23	Dr. Jones	2014-12-04	2014-12-04	14
13	Patient M	1962-08-10	Dr. Jones	2014-12-02	2014-12-04	10.7
14	Patient O	1942-01-23	Dr. Jones	2014-12-08	2014-12-04	11.4
15	Patient P	1955-07-25	Dr. Jones	2014-12-03	2014-11-24	11.2
16	Patient Q	1976-03-04	Dr. Jones	2014-12-23	2014-11-19	13.5
17	Patient R	1967-03-24	Dr. Jones	2014-12-05	2014-11-18	9.6
18	Patient S	1939-04-15	Dr. Jones	2014-12-15	2014-11-10	14.2
19	Patient T	1962-08-17	Dr. Jones	2014-12-18	2014-11-07	13.8
20	Patient U	1953-04-09	Dr. Jones	2014-12-30	2014-11-05	10.6
21	Patient V	1954-09-02	Dr. Jones	2014-04-03	2014-11-03	13.7
22	Patient W	1955-04-24	Dr. Jones	2014-12-02	2014-10-31	10.2
23	Patient X	1951-07-29	Dr. Jones	2014-12-29	2014-10-31	12.5
24	Patient Y	1958-08-18	Dr. Jones	2014-12-03	2014-10-30	14.3
25	Patient Z	1961-10-15	Dr. Jones	2014-12-17	2014-10-30	11.3
26	Patient AA	1956-12-04	Dr. Jones	2014-12-15	2014-10-23	12.8
27	Patient BB	1965-04-27	Dr. Jones	2014-12-02	2014-10-22	12.4
28	Patient CC	1939-01-12	Dr. Jones	2014-05-05	2014-10-20	9.5
29	Patient DD	1976-05-04	Dr. Jones	2014-12-11	2014-10-20	11.7
30	Patient EE	1969-04-22	Dr. Jones	2014-12-01	2014-10-17	14.8

Population Health Tools

ARCHITRAVE
Family of Companies

Welcome, Kendra Cooney | Logout | Home | Portal

Data Transformation Powered By intelgenz

Navigate ▾ Dr. Jones

Search:

Provider CCO Metrics Community Scorecard 2014

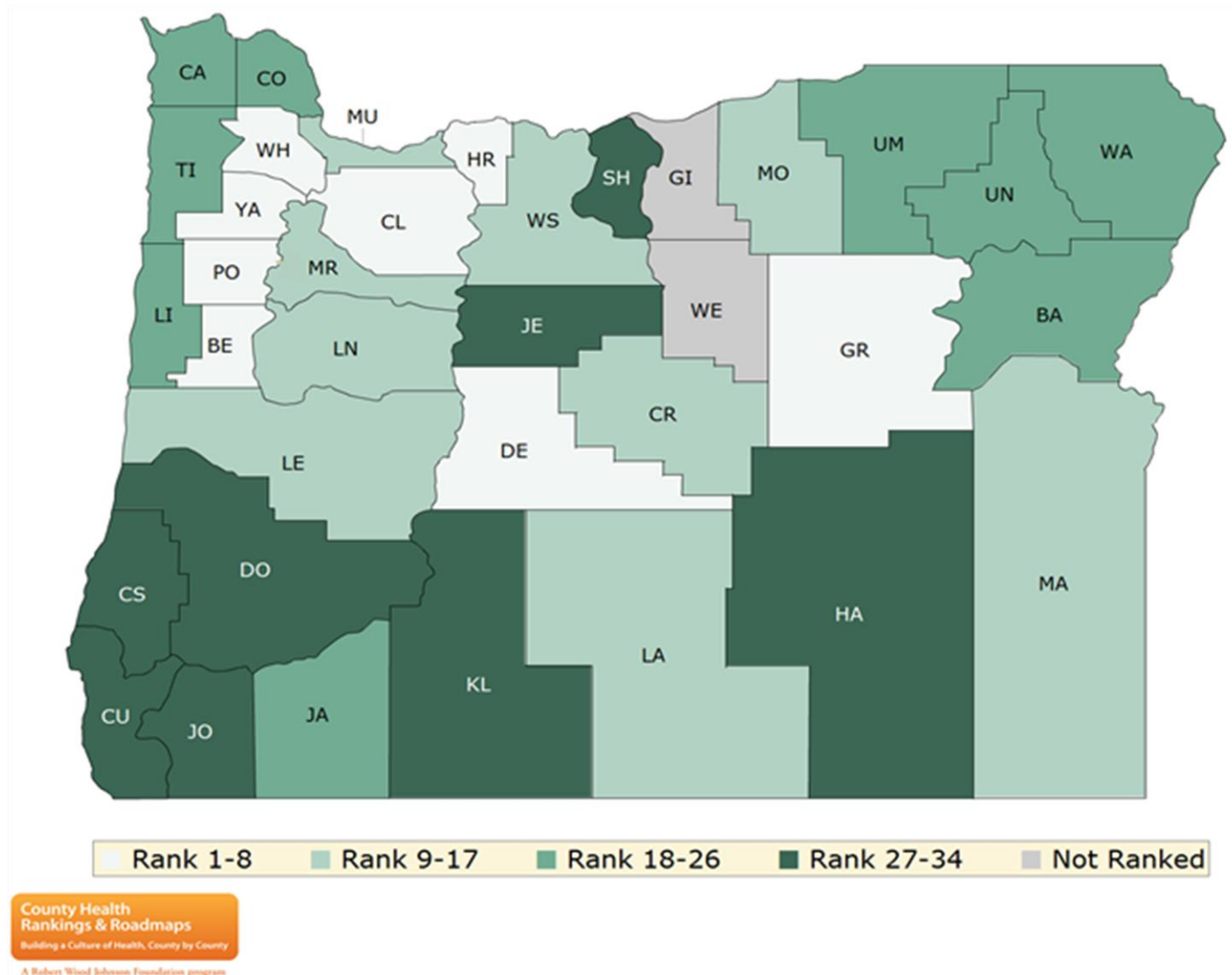
Provider Name	Amb Care: ED	Colorectal Ca. Screen.	Dev. Screen. 1st Yrs.	F/U ADHD Rx: Initiation	F/U Mental Illness [7d]	SBIRT	Well-Care Visits [12 -21yo]	Controlling High Blood Pressure	Screening for Clinical Depression & F/U Plan	Diabetes: HbA1c Poor Control	Percent Met
Provider A	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100.00 %
Provider B	✓	n/a	✓	n/a	n/a	n/a	n/a	n/a	n/a	n/a	100.00 %
Provider C	✓	✓	n/a	n/a	n/a	✗	✓	✓	✓	✓	85.71 %
Provider D	✓	n/a	✓	✓	n/a	n/a	✓	n/a	✗	n/a	80.00 %
Provider E	✓	✓	n/a	n/a	n/a	✓	n/a	✗	✓	n/a	80.00 %
Provider F	✓	✗	n/a	n/a	n/a	✓	✗	✓	✓	✓	71.43 %
Provider G	✓	✓	n/a	n/a	n/a	✓	✗	✗	✓	✓	71.43 %
Provider H	✓	✗	✗	✓	✗	✓	✓	✓	✓	✓	70.00 %
Provider I	✓	✗	✓	✓	✓	✓	✗	✗	✓	✓	70.00 %
Provider J	✓	✓	✓	✓	n/a	✓	✗	✗	✗	✓	66.67 %
Provider K	✗	✓	n/a	n/a	n/a	✓	n/a	✓	✗	✓	66.67 %
Provider L	✓	n/a	✗	✓	n/a	✓	✓	n/a	✗	n/a	66.67 %
Provider M	✓	✗	✓	✓	n/a	✓	✗	✓	✗	✓	66.67 %
Provider N	✓	✗	✓	n/a	n/a	✓	✗	✗	✓	✓	62.50 %
Provider O	✓	✓	✓	n/a	n/a	✗	✗	✗	✓	✓	62.50 %
Provider P	✓	✓	✓	n/a	n/a	✗	✗	✗	✓	✓	62.50 %
Provider Q	✓	✓	✓	n/a	n/a	✗	✗	✗	✓	✓	62.50 %

ACA Expansion Population

- Access
- Recruitment



Douglas County Health Rankings & Road Map



Integration



- Expanded Care Clinic at Umpqua Community Health Center
- Coordinated Care Team
- Interdisciplinary Care Team
- Communication

Cultural Diversity



- Culture of poverty is specific cultural issue in our rural community
- *Bridges Out of Poverty* Curriculum
- Training opportunities offered in 2013 and 2014
 - *Providers*
 - *Clinic Staff*
 - *UHA Support Staff*
 - *Community Partner Staff*
 - *General Public*

CCO Metric Performance



- Adolescent Well Care Visits
- Follow-Up after Hospitalization for Mental Illness
- Mental and Physical Health Assessments within 60 Days for Children in DHS Custody

