Your Partnership in Health Report: Chronic Conditions

FELRA and Kaiser Permanente

Measurement Period: OCT-01-2011 through SEP-30-2012
Report Date: MAY-21-2013

Commercial
All Members

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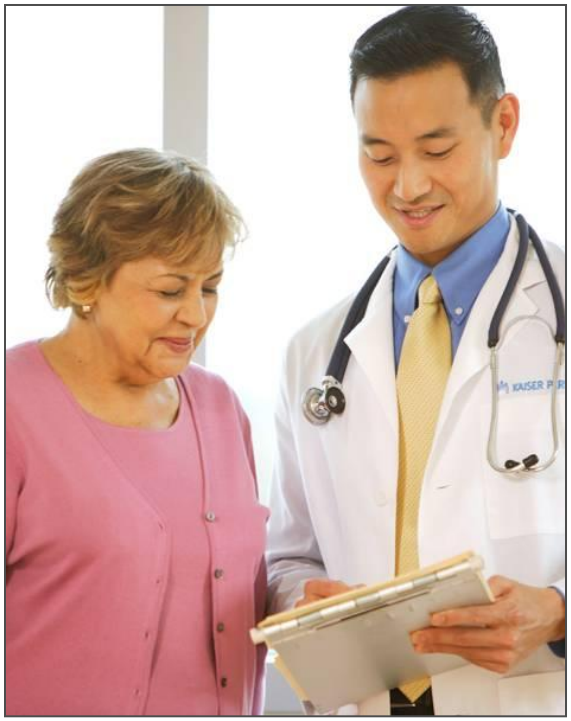
Partnership in Health (PIH) reports: A full picture of workforce health



Claims and utilization data only tells you part of the story.

Clinical data—driven by our electronic health record system—gives you the full story.

Based on your group results, we'll recommend a more effective action plan.

Your group at a glance – measurement period ending 09-30-2012

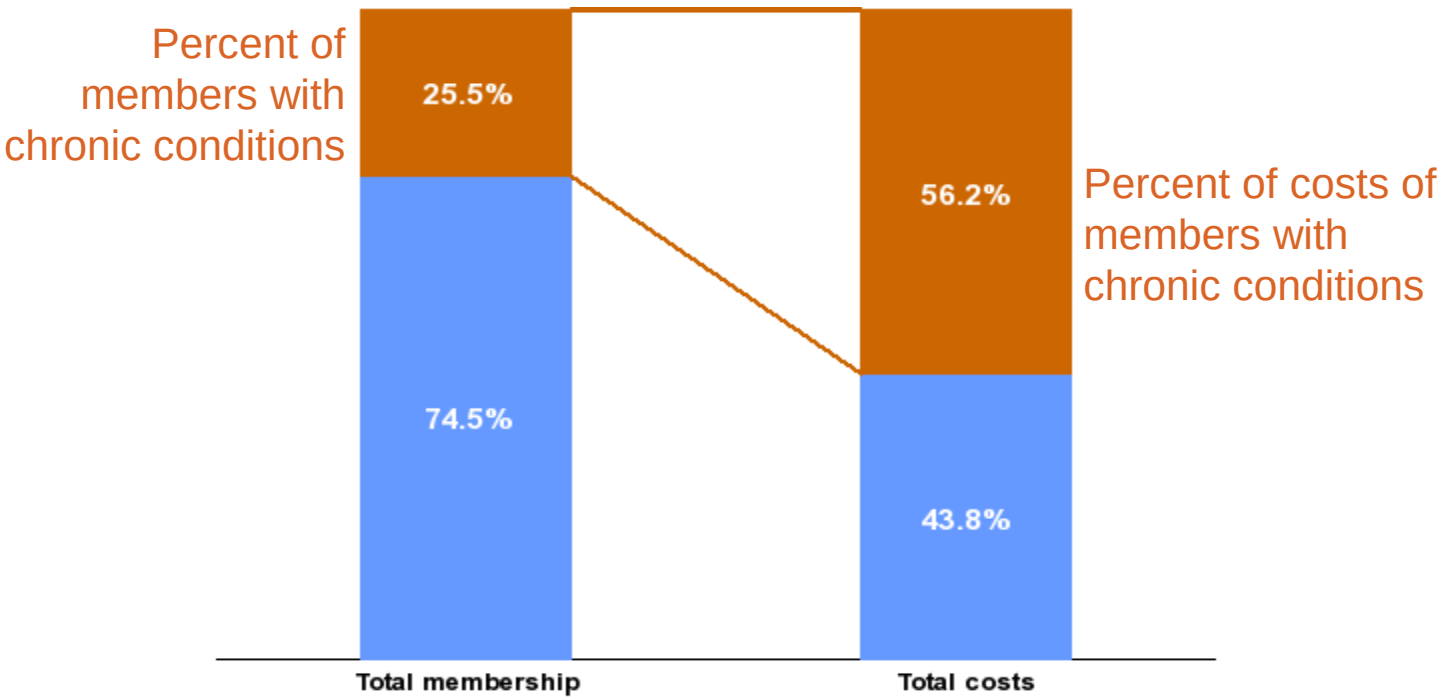
Chronic Condition Management

	FELRA	Kaiser Permanente regional average	Comparison
Subscribers	778	-	-
Members	2,077	-	-
Average age	33.8	35.2	1.4 yrs younger
Gender (% female)	55.1	52.1	3.0% pts higher
Average family size	2.7	2.0	0.7 higher

* The Kaiser Permanente Regionally Adjusted Benchmark values were based on the weighted average of the purchaser's distribution of members across the Kaiser Permanente regions for the time period being measured.

Percent of chronic conditions driving your costs

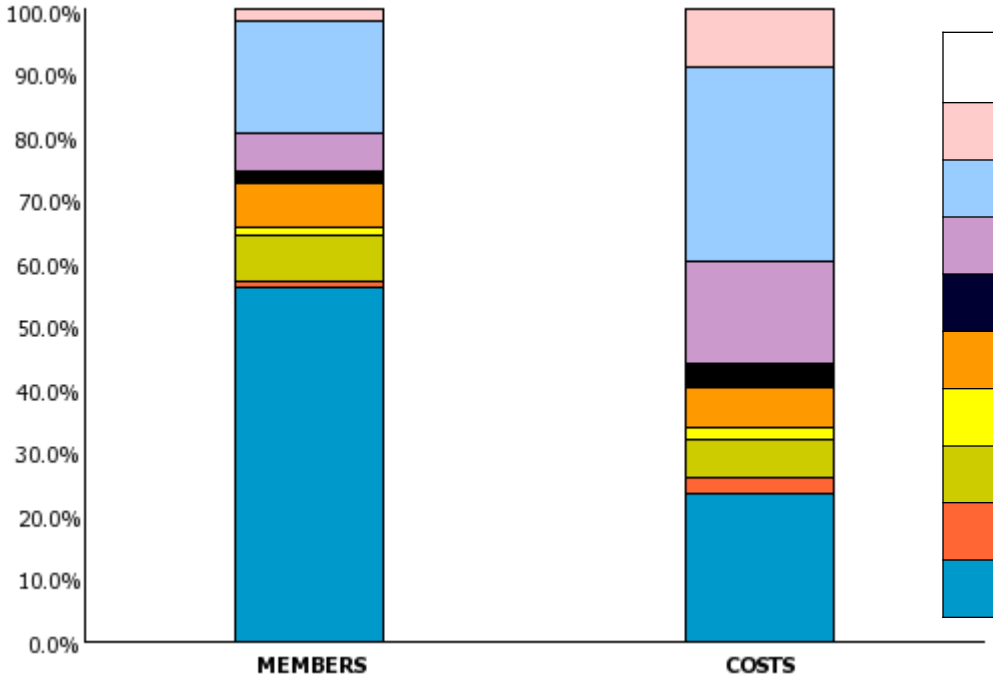
56% of your costs are driven by 25% of your members*^



^ Calculations for this graph use DxCG methodology.
*Continuously enrolled members during measurement period (OCT-01-2011 through SEP-30-2012).

Percent of conditions driving your costs—segmented

Percent of members* compared to percent of cost by condition^

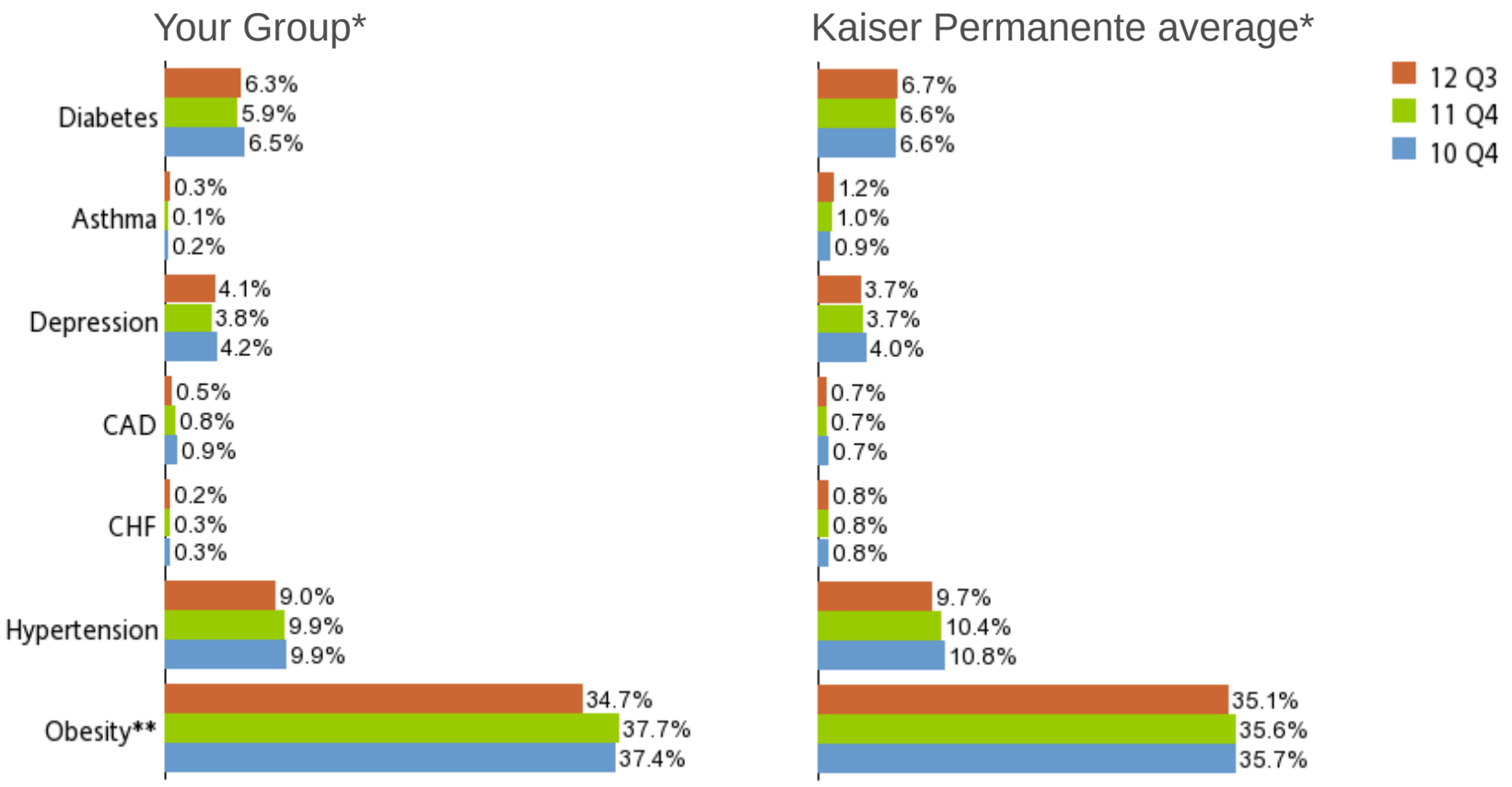


		Members	Costs
	2 or more major chronic conditions	1.6%	9.0%
	1 major chronic condition	17.8%	30.8%
	Additional chronic conditions	6.0%	16.4%
	Cancer	2.0%	3.6%
	Back pain	7.0%	6.3%
	Arthritis	1.3%	2.1%
	Injuries (other than back pain)	7.1%	6.0%
	Maternity without other conditions	0.9%	2.4%
	All Other	56.1%	23.4%

56% of your costs are driven by 25% of your members*^

*Continuously enrolled members during measurement period (OCT-01-2011 through SEP-30-2012).
^ Calculations for this graph use DXCG methodology.
Note: Major chronic conditions = diabetes, asthma, coronary artery disease, chronic heart failure, and depression.

Prevalence by chronic condition



*Continuously enrolled members during measurement period (OCT-01-2011 through SEP-30-2012).

** Based on BMI for all members with a measurement recorded within the last 12 months.

** Members enrolled at end of measurement period.

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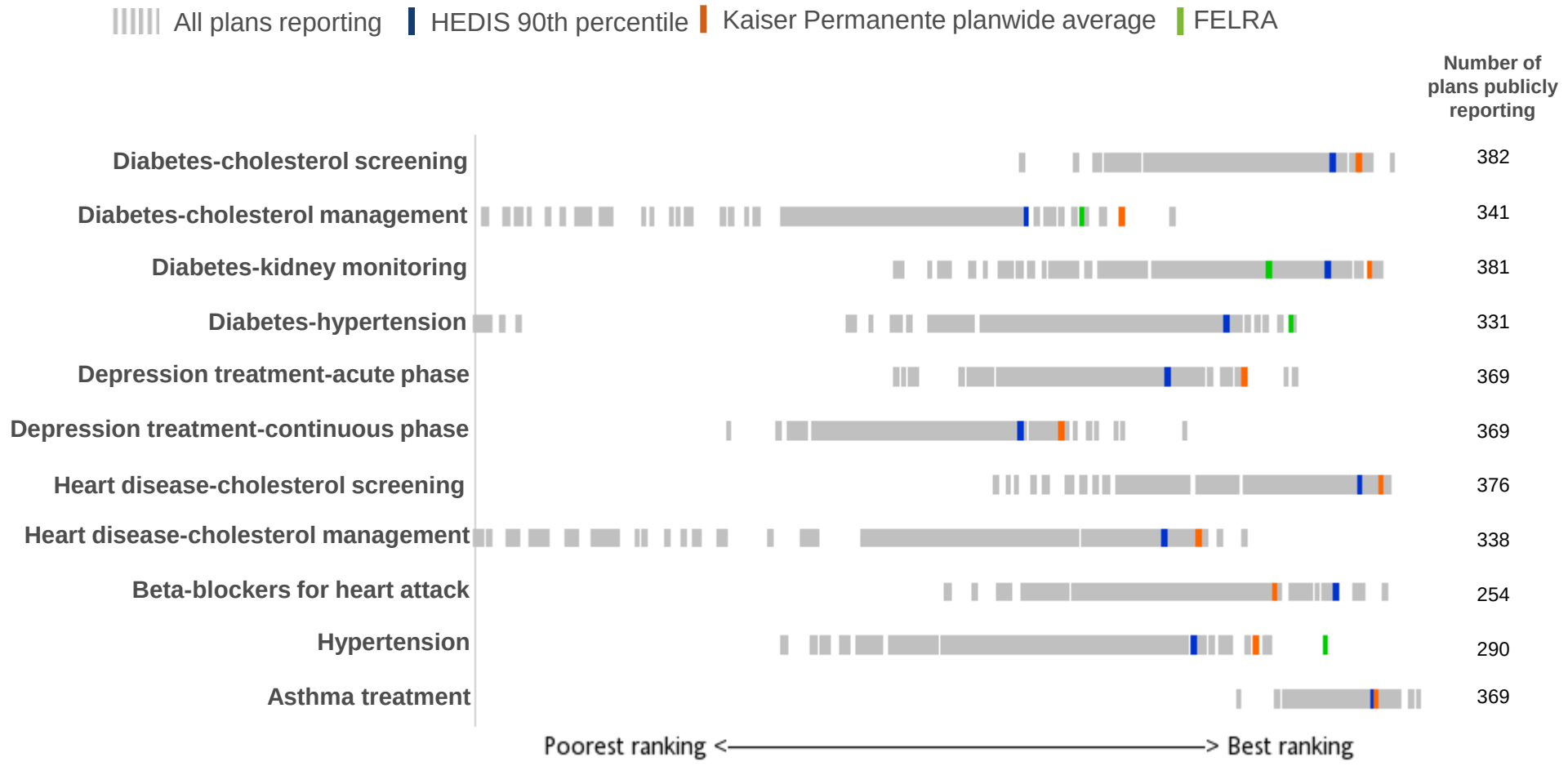
Proven care outcomes—2011 HEDIS® national scores



Based on 2011 HEDIS rankings for all plans (all lines of business and all products, excluding PPO).
Note: Results will not be displayed if the eligible member population for the metric is less than 30.

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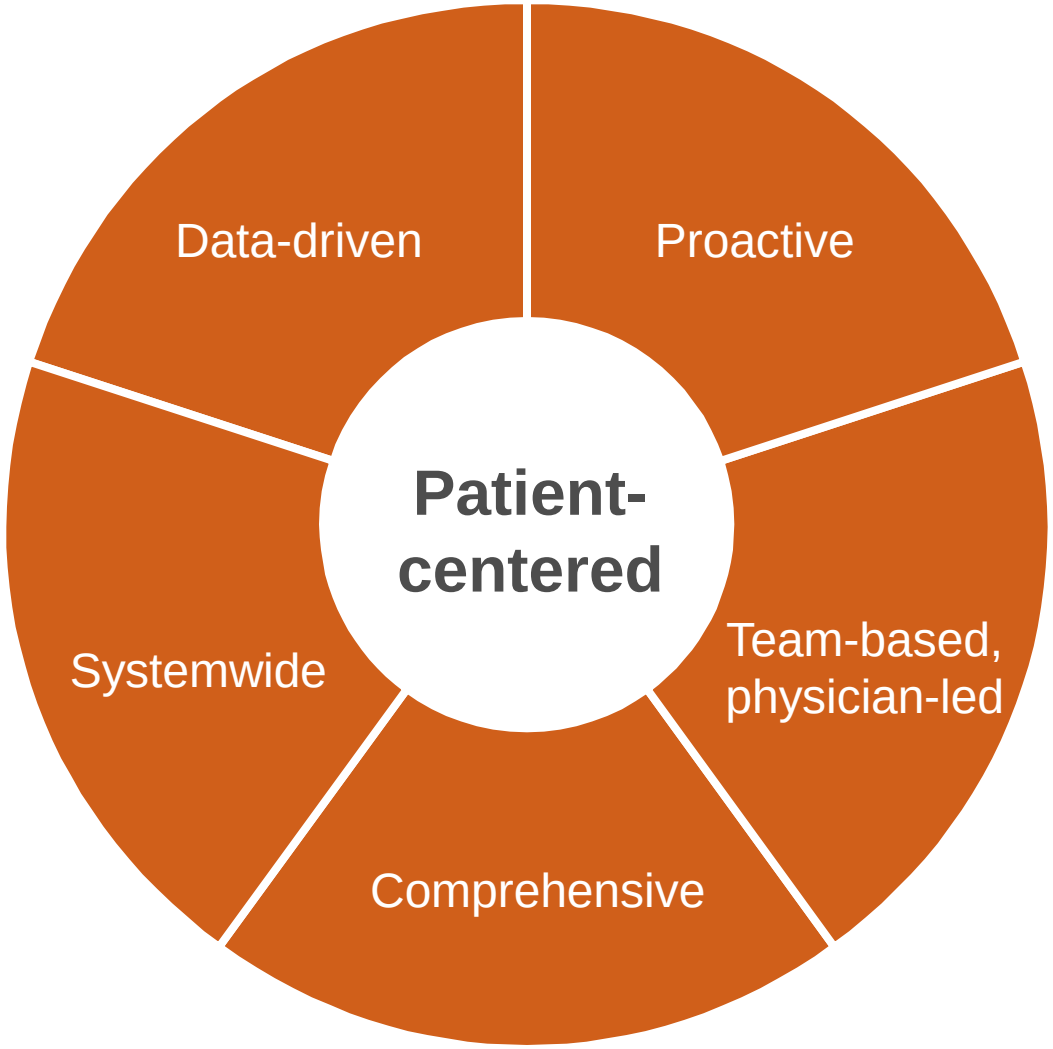
Complete Care: Our integrated approach to disease management



How Complete Care benefits your business

Proactive—caregivers emphasize early intervention through preventive care screenings and immunizations

Saves money—when chronic conditions are identified earlier, employees are healthier, more productive, and incur lower costs

Team-based, physician-led—primary care physicians, specialists, nurses, and pharmacists work efficiently to provide the right care at the right time

Better employee engagement—program participation improves when employees don't have to coordinate their care

Comprehensive member tools and programs—members have a wealth of online tools and programs, onsite self-care resources, and complementary care options

Employee empowerment—easier, more convenient for employees to continue their self-care away from the clinical setting

Systemwide—Kaiser Permanente HealthConnect® links caregivers at all our facilities to member health information

Less time away from work—employees can often take care of several needs at once by visiting a single Kaiser Permanente facility

Data-driven—electronic medical record system makes it easy to track member progress and generate aggregate data reports

Transparency—get a snapshot of employee health and productivity costs, and a customized action plan to improve workforce health

Carla's story—first visit

Carla sees her doctor about foot pain she's been having. Her biometric health information—height, weight, blood pressure, smoking or alcohol habits, and exercise level—is logged in her electronic medical record (EMR).

After talking with her personal physician, Carla learns that in addition to her foot pain, the following health risks could indicate diabetes:

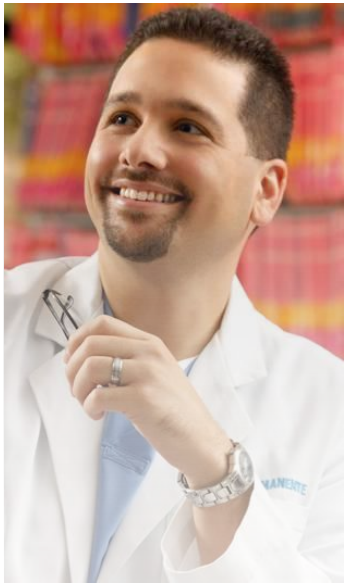
- Overweight
- High blood pressure
- Family history of diabetes

Carla's doctor orders lab work and multiple tests. The blood glucose test comes back positive for type 2 diabetes. A second test confirms the diagnosis.

Carla's story—Complete Care begins

Carla is **automatically enrolled** in Complete Care for Diabetes:

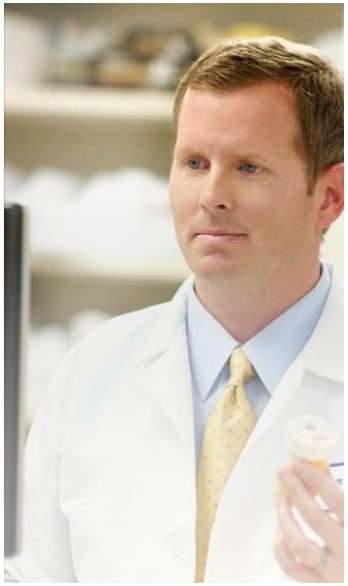
- Carla's care team contacts her to schedule an appointment and talk about next steps
- Carla receives a Complete Care mailing
- Carla and her primary care physician go over her tailored care management plan, including:
  - Depression and vision screenings
  - Prescriptions
  - Weight management, healthy eating, and self-care resources at **kp.org** and our facilities
- Carla registers for her **kp.org** personal health record so she can email her doctor's office, request routine appointments, view most lab results, and more



Carla's story—collaborative care

Carla, her physician, and her care team work together to meet her goals.

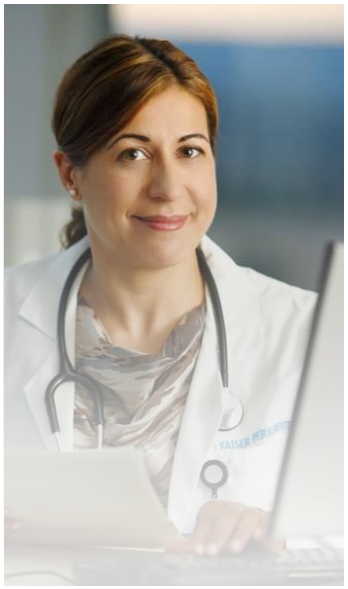
- At her next appointment, Carla's **primary care physician** checks her blood glucose—it's high
- Her doctor sends a new prescription electronically to the Kaiser Permanente **pharmacy**—conveniently located in the same medical office
- Carla walks over and fills her prescription the same day—avoiding an extra trip to the pharmacy and time off work
- The pharmacist lets Carla know that she can order prescription refills online at **kp.org** and have them mailed to her home at no extra charge



Carla's story—
care enhanced by technology

Meanwhile, Carla is due for a mammogram:

- An **automatic best practices alert** in Carla's EMR informs her care team that she's due for a mammogram
- Carla's care team sends a letter and makes a phone call to schedule an appointment
- Carla gets too busy and is unable to make the appointment



At her next eye exam, the prompt in her **EMR** alerts the optometrist—Carla is now overdue for a mammogram:

- The optometrist reminds Carla about the mammogram
- Carla asks about making an appointment
- The radiology department is located on the same campus as the optometrist—and conveniently accepts walk-ins
- Carla has her exam the same day—no appointment needed

Carla's story—member motivational tools

Carla is an important member of the care team. As part of her care plan, she:

- **Attends health ed classes** at her local Kaiser Permanente facility to learn about diabetes management and nutrition
- Takes part in the **online diabetes healthy lifestyle program** on **kp.org**
- Enrolls in an **online walking program** on **kp.org** to manage her weight

Carla also has access to more health improvement programs, videos, health and drug information, podcasts, healthy recipes, and more at **kp.org**.

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Carla's story—measuring success

Carla's care management plan is working:

- Her blood glucose levels have dropped
- Her blood pressure is under control
- She's had a mammogram
- She's lost weight
- She's exercising regularly

Carla's diabetes is under control. Her care team will continue to monitor her health, acting like a safety net in case symptoms change.

She's healthier and more productive—not just at work, but at home too.

How does your group compare to Carla?

Measure	Your group's results
Obesity rate (based on BMI)	34.7%
High blood pressure rate	8.5%
High blood glucose levels rate amongst diabetics	17.5%
Breast cancer screening rate	84.8%
kp.org registration rate	53.5%
Online refill rate	6.8%
Healthy lifestyle program participation rate	1.8%

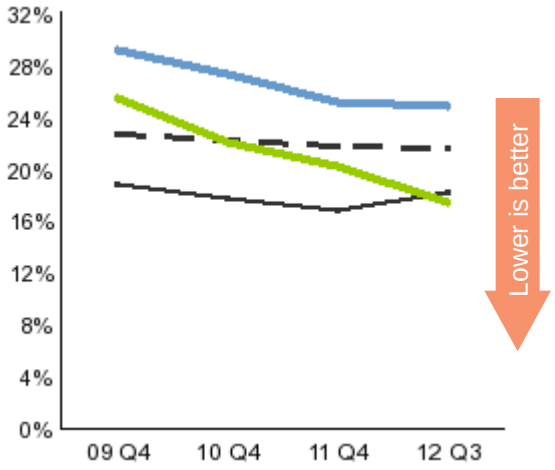
Measurement Period: OCT-01-2011 through SEP-30-2012

Your results: diabetes

FELRA*
Kaiser Permanente benchmark—all purchasers†
HEDIS 90th percentile
HEDIS 75th percentile

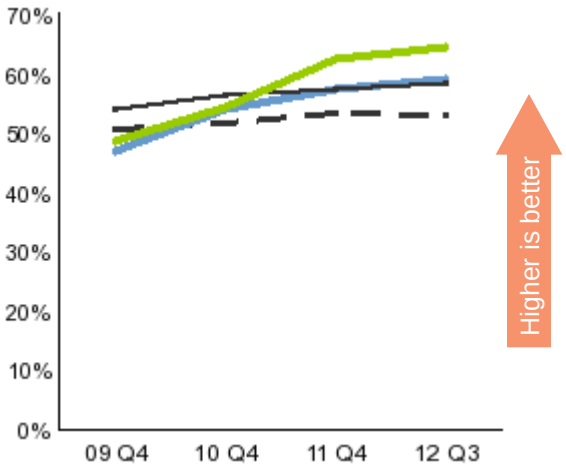
Blood sugar control

% of members with diabetes who had known HbA1c >9%



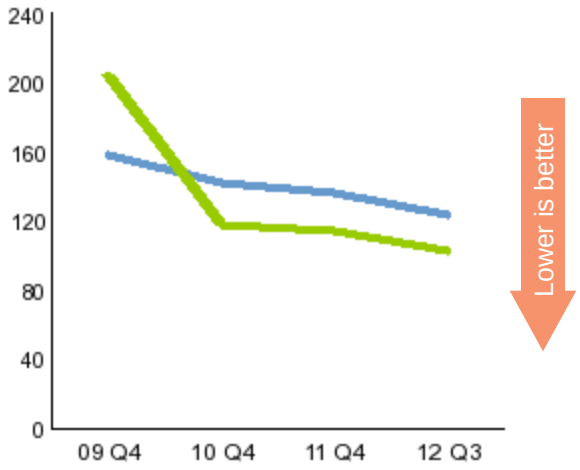
Lipid control

% of members with diabetes who had known LDL <100



Hospitalization

Hospital admissions for all causes per 1,000 members with diabetes



* Continuously enrolled members during measurement period (OCT-01-2011 through SEP-30-2012).

Note: Results will not be displayed if the eligible member population for the metric is less than 30.

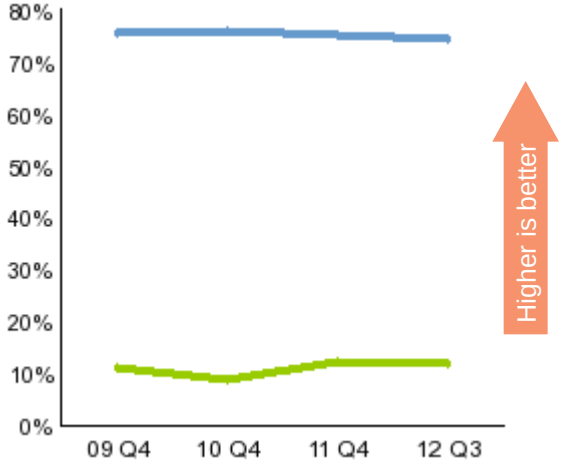
† The Kaiser Permanente Regional Adjusted Benchmark values were based on the weighted average of the purchaser's distribution of members across the Kaiser Permanente regions for the time period being measured.

Your results: diabetes

FELRA*
Kaiser Permanente benchmark—all purchasers†
HEDIS 90th percentile
HEDIS 75th percentile

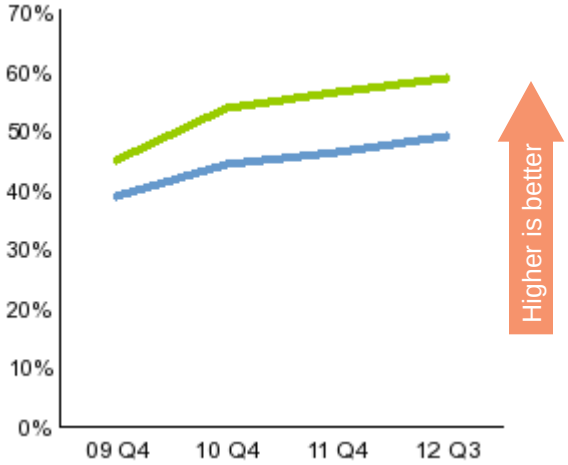
ACE Rx usage

% of members with diabetes who received an angiotensin-converting enzyme inhibitor or angiotensin-II blocker medication during the measurement period



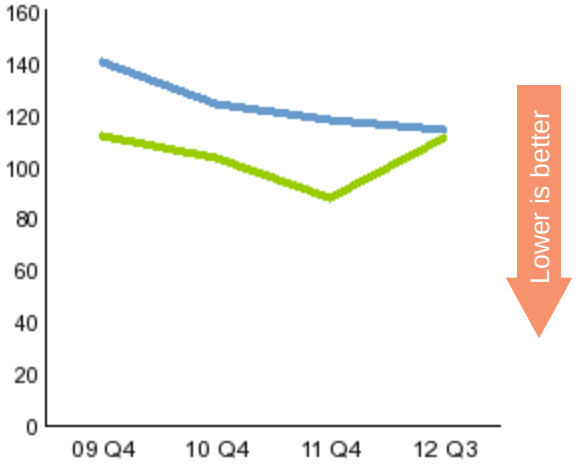
Blood pressure control

% of members with diabetes who had a blood pressure level <130/80 mm Hg during the measurement period



Emergency visits

Emergency visits for diabetes per 1,000 members with diabetes



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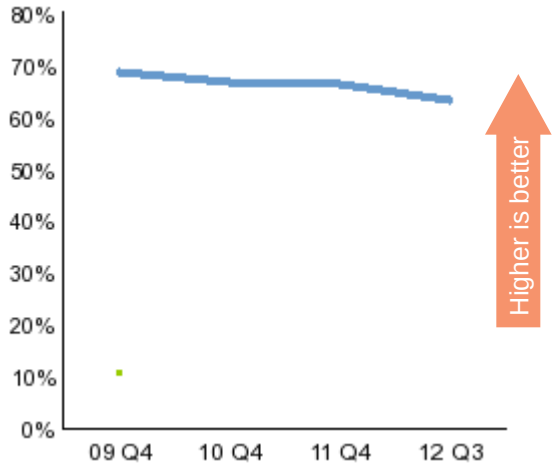
Your results: depression

FELRA*
Kaiser Permanente benchmark—all purchasers†
HEDIS 90th percentile
HEDIS 75th percentile

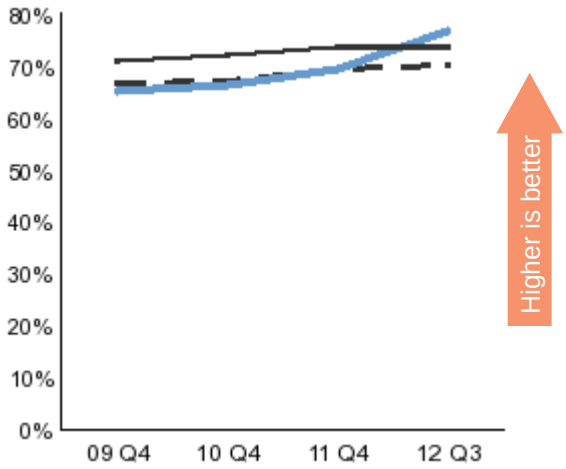
Antidepressant use

% of members with a new episode of depression who received any antidepressant within 30 days of diagnosis



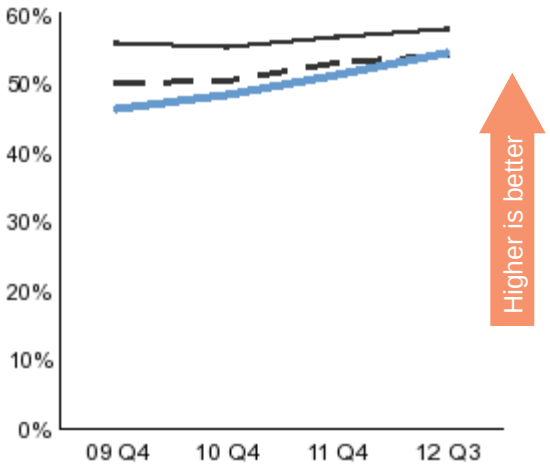
Effective acute phase treatment

% of members who continued antidepressant use for at least 12 weeks among those who started use for a new episode of depression‡



Effective continuation phase treatment

% of members who continued antidepressant use for at least 6 months among those who started use for a new episode of depression‡



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‡ New episodes are defined as depression diagnoses with no depression diagnosis in the previous year and no antidepressant use in the previous four months.

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Your results: coronary artery disease

FELRA*

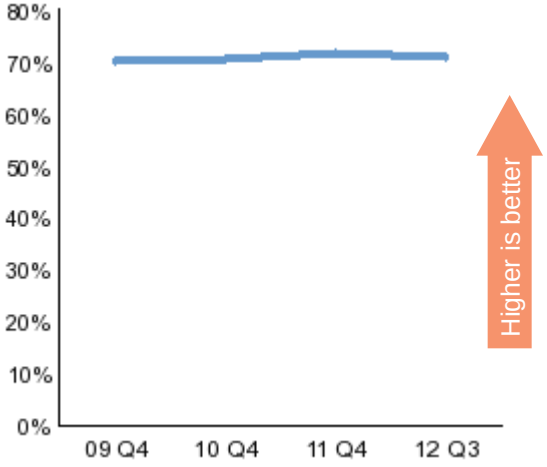
Kaiser Permanente benchmark—all purchasers†

HEDIS 90th percentile

HEDIS 75th percentile

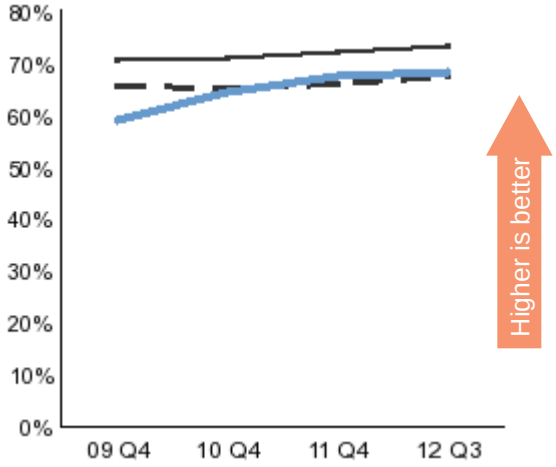
ACE Rx use

% of members with coronary artery disease (CAD) who received an angiotensin-converting enzyme inhibitor or angiotensin-II blocker



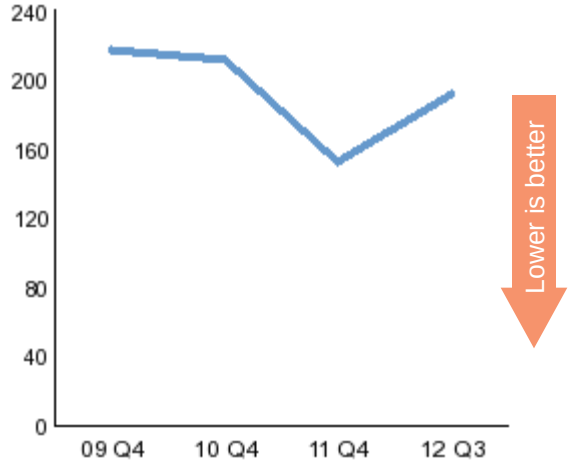
Lipid control

% of members with CAD who had known LDL-C <100 mg/dl



Hospitalization

Hospital admissions for CAD per 1,000 members with CAD



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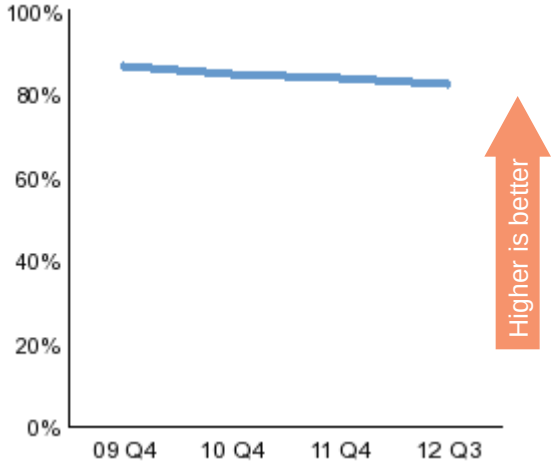
Your results: heart failure

FELRA*
Kaiser Permanente benchmark—all purchasers†
HEDIS 90th percentile
HEDIS 75th percentile

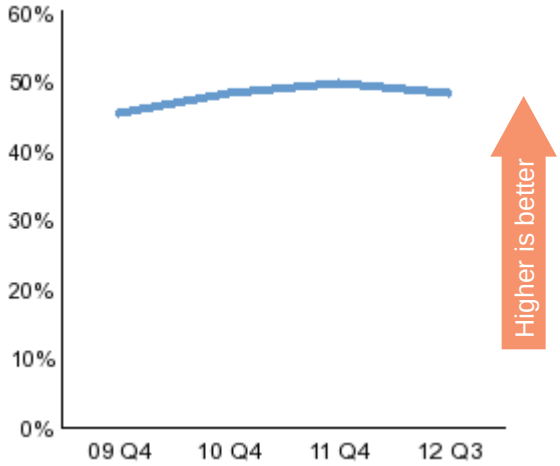
ACE Rx use

% of members with heart failure who received an angiotensin-converting enzyme inhibitor or angiotensin-II blocker



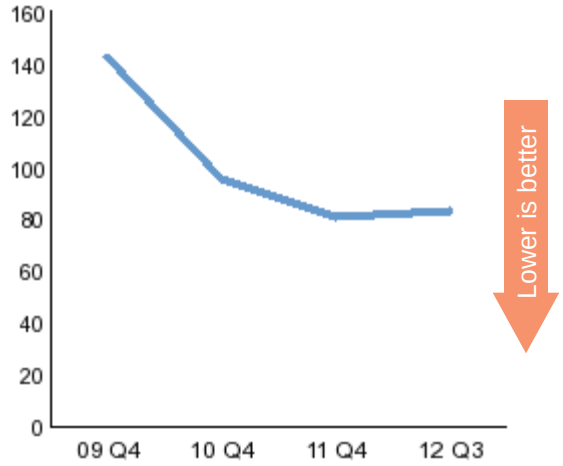
Beta-blocker Rx use

% of members with heart failure who received beta-blockers



Hospitalization

Hospital admissions for heart failure per 1,000 members with heart failure



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Your results: asthma

FELRA*

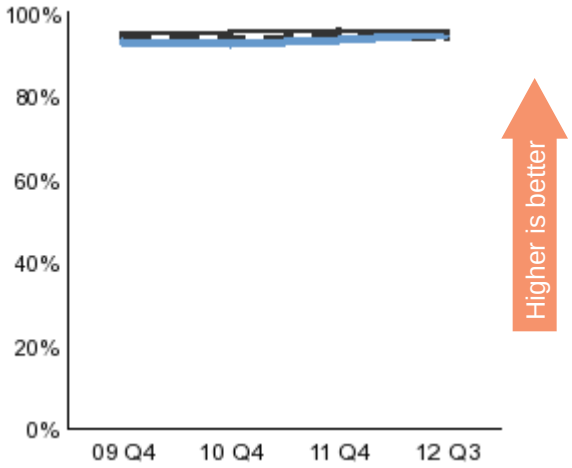
Kaiser Permanente benchmark—all purchasers†

HEDIS 90th percentile

HEDIS 75th percentile

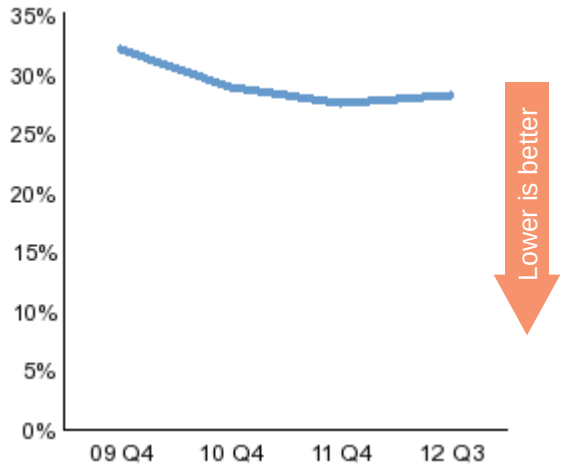
Control medications

% of members with persistent asthma who received any inhaled anti-inflammatories



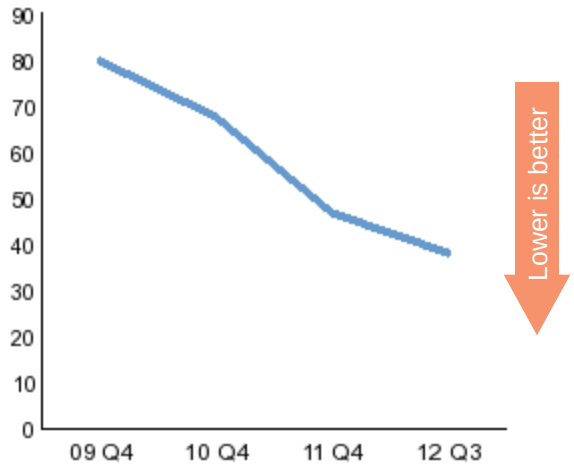
Rescue medications

% of members with persistent asthma who received six or more canister equivalents of short-acting beta agonist



Emergency visits

Emergency visits for asthma per 1,000 members with persistent asthma



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Your clinical risk factors that lead to chronic conditions: overview

Measure	Description	National benchmark**	Your results (2010 Q4)*^	Your results (2012 Q3)*^	Percent of eligible members screened
Cholesterol levels	% of members with cholesterol levels > 200	N/A	39.9%	37.1%	73.4%
Blood pressure levels	% of members with blood pressure >= 140/90	33.0%	14.2%	8.5%	77.9%
Smoking rates	% of members who smoke	19.3%	16.1%	15.5%	90.8%
Overweight or obese-adults	% of adult members with BMI > 25	68.0%	74.7%	74.1%	70.2%
Overweight or obese-children	% of child members overweight or obese according to BMI percentile ranking	34.6%	40.9%	38.5%	54.1%

* Members enrolled at end of measurement period.

^ ISS (Insufficient Sample Size) will be displayed if eligible member population for the prevention measure is less than 30.

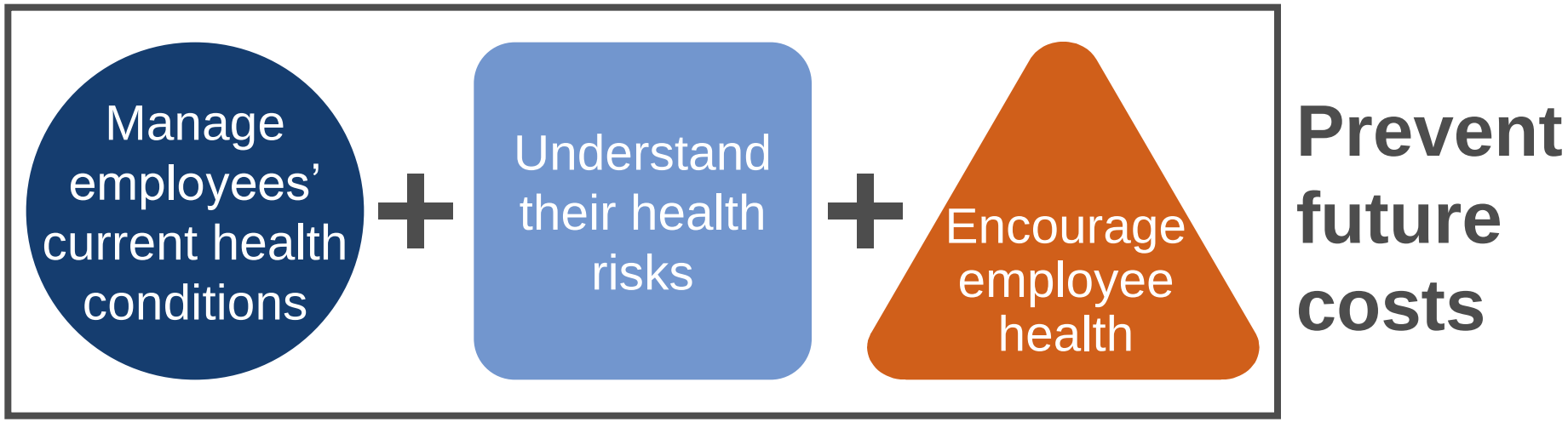
**Blood Pressure Benchmark – National Center for Health Statistics. Health, United States, 2010: With Special Feature on Death and Dying. Hyattsville, MD. 2011.

**Smoking Benchmark - *Summary Health Statistics for U.S. Adults: National Health Interview Survey,* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, January 2012.

**Adult Obesity Benchmark - Mariel M. Finucane et al., "National, Regional, and Global Trends in Body-Mass Index Since 1980: Systematic Analysis of Health Examination Surveys and Epidemiological Studies with 960 Country-Years and 9·1 Million Participants," *The Lancet,* February 2011.

**Child Obesity Benchmark - *F as in Fat: How Obesity Threatens America's Future 2011,* Trust for America's Health and Robert Wood Johnson Foundation, July 2011.

Maximize the value of your health care coverage



Engagement—included in coverage

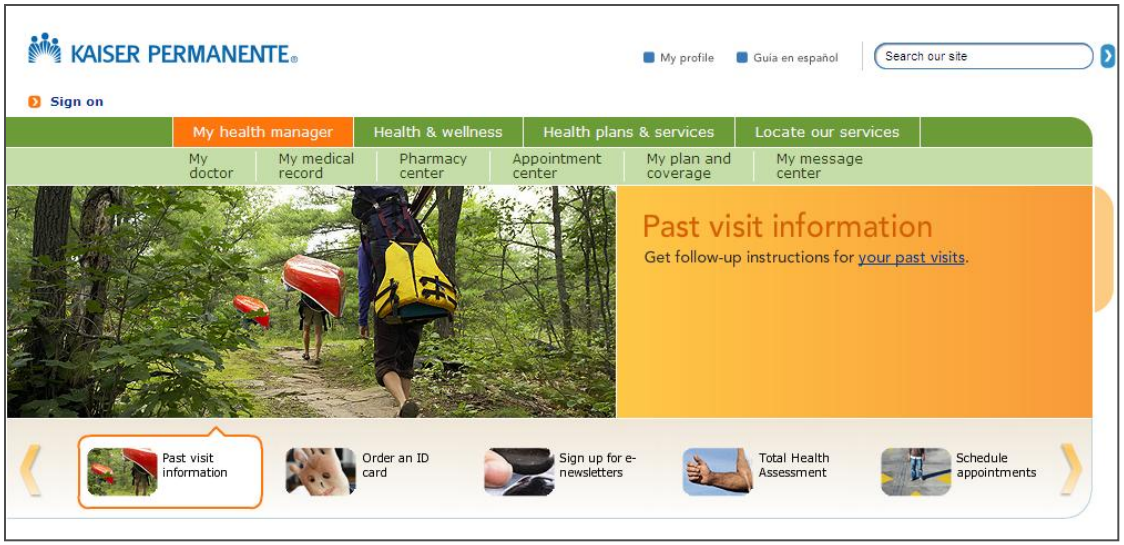
Chronic Condition Management

My Health Manager on **kp.org**	**Behavior change** ▪ Healthy lifestyle programs ▪ Total health assessment	**Managing health** ▪ Email your doctor's office ▪ View most lab results ▪ Refill prescriptions ▪ Health reminders ▪ Act for a family member	▪ Schedule routine appointments ▪ New mobile-friendly site for smartphones ▪ New Android™ and iPhone® apps
Health education and wellness	**At facilities** ▪ Health classes ▪ Support groups	**In the community** ▪ Farmers' markets ▪ Healthy Eating, Active Living	**Behavior change** ▪ Health and wellness coaching ▪ Fitness club discounts
Educational tools on **kp.org**	**Encyclopedias** ▪ Health ▪ Drug ▪ Natural medicines	**Lifestyle change** ▪ Featured health topics ▪ Health calculators and surveys ▪ Healthy recipes	**Managing health** ▪ Symptom checker ▪ Treatment fee tool **Multimedia** ▪ Podcasts and widgets ▪ Videos

The value of effective engagement

Employees are healthier and more productive

- Americans with easy access to their online personal health record (PHR) are more engaged in their health and medical care:
  - 38% feel more connected to their doctors
  - 32% used their PHR to improve their health
- Fewer doctor's office visits, fewer emergency visits, and shorter hospital stays when they take health classes
- Participation in online healthy lifestyle programs jumped 45% from year-end 2009 to 2010



Broaden your reach with Kaiser Permanente HealthWorks

Create a culture of health at work

Use the tools included in your coverage

Broaden your reach

Recommendations for your group

DR. JOHN SAMPLE
Kaiser Permanente

LIC. # DS 022876L

Tel: 101-126-4568

Fax: 101-123-4567

Name _____ Age _____

Address _____

Date _____

℞

[Recommendations will vary, depending on results.]

- [Encourage use of online and onsite chronic condition resources]
- [Promote My Health Manager personal health record]
- [Increase total health assessment participation]
- [Increase healthy lifestyle programs participation in areas relevant to your group]
- [Encourage fitness activity participation]

Signature _____ M.D.

Questions and next steps

Your Group

MA - 00006879 - All, MA - 00001976 - All