



2017 | AIM NETWORK VALUE REPORT



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Letter from AIM Network leaders

Welcome to the Allina Integrated Medical Network (AIM Network) Value Report and overview of our shared journey. Our organizations operate in a changing health care environment that continues to seek greater clinical integration and value for the patients, consumers and purchasers we serve. These demands help shape our priorities and push us to pursue greater advancements in our clinical integration efforts.

The AIM Network continues the implementation of its three-year strategic plan and the core strategic themes:

- **Grow:** Expand risk-based membership in ACO populations.
- **Perform:** Build population health management capabilities and optimize the network's delivery of high quality, affordable care
- **Demonstrate value:** Activate and engage consumers through a differentiated experience.

2016 proved to be another important year for our clinical integration efforts. We are excited with the progress made with the roll-out of the Connect HIE (health information exchange). Provider notes and information are now available in near real time for our care teams to use in better coordinating care for our shared patients. The ongoing advancements of data sharing and analytics will be critical to our efforts of improved clinical integration and outcomes performance for our growing value-based care agreements.

The AIM Network took another positive step forward in 2016 with the approval by CMS to be part of the Next Generation ACO program. This new value-based risk agreement further supports our desire to try new reimbursement models, incentivize coordination of care and be rewarded for improved outcomes. There will be many lessons learned in this program that will support our clinical integration journey.

Thank you to the more than 50 physicians and administrative leaders who participate in the AIM Network through our governance committees. Our network of more than 3,000 physicians across 70 independent organizations are on a path to deliver market-leading results and differentiated experiences for those who entrust us with their care.

Sincerely,



Robert Wieland, MD
President



Brian Rice, MHA
Vice President



Rodney Christensen, MD
Vice President, Medical Operations



(L-R) Christensen, Rice, Wieland



About AIM Network

Incorporated in 2010, the vision of the AIM Network is to align independent physicians, regional health systems and Allina Health to deliver market-leading quality and efficiency in patient care.

- Patients have access to a network of premier primary and specialty care physicians across the Twin Cities metro area as well as in greater Minnesota and western Wisconsin.
- Physicians assume a leadership role in partnership with Allina Health to advance clinical integration strategies.

EXTENSIVE CARE DELIVERY NETWORK

This network supports the achievement of better integration across the care continuum through Connect HIE secure web-based health information exchange, access to value-based contracts, performance improvement and administrative support services.

- Independent organizations include 11 regional health systems, 1,700 physicians from more than 60 practices and more than 20 specialties including allergy, anesthesia, cardiology, emergency medicine, gastroenterology, surgery, pathology, oncology, radiology as well as primary care, obstetrics and pediatrics practices.
- Allina Health serves the Twin Cities metro area, greater Minnesota and western Wisconsin through 1,300 physicians across more than 60 Allina Health

clinic locations; as well as 12 hospitals, pharmacies, hospice, emergency medical transportation, specialty and ambulatory care centers.

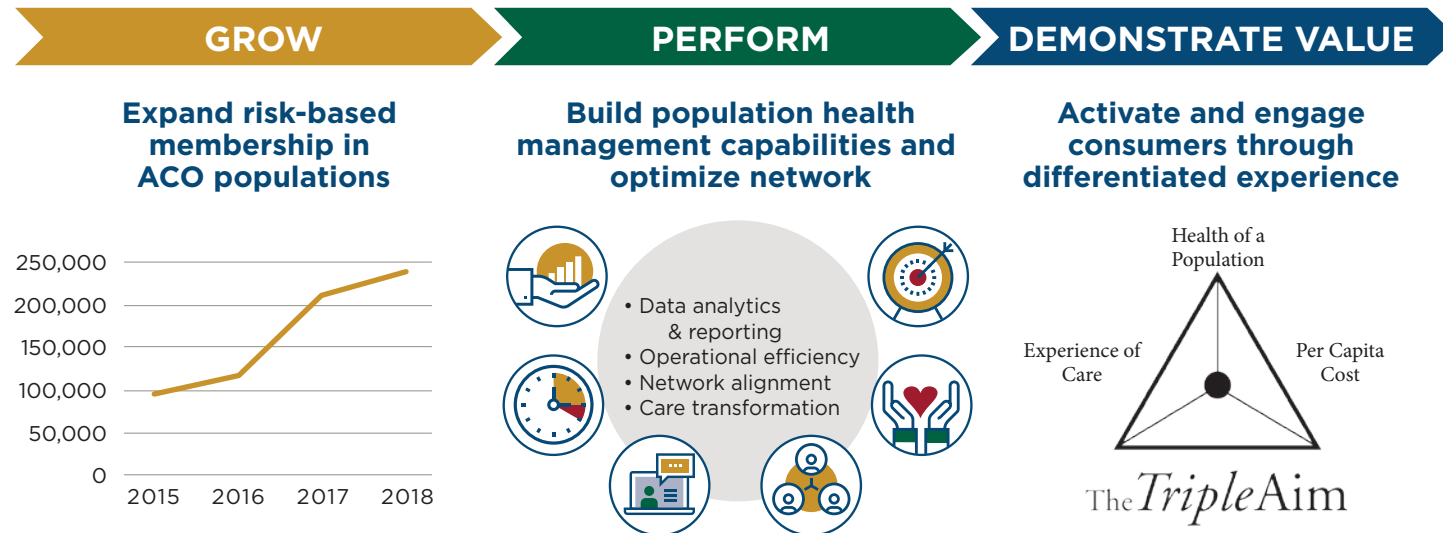
- Allina Health features innovative services through the Penny George™ Institute for Health and Healing, Courage Kenny Rehabilitation Institute®, Minneapolis Heart Institute®, Virginia Piper Cancer Institute® and John Nasseff Neuroscience Institute.

PERFORMANCE IMPROVEMENT

The AIM Network's measurement system demonstrates its overall commitment to delivering the best care for patients. This measurement approach is our self-evaluation to ensure that we deliver the care for patients that we would want for ourselves and our families.

- More than 50 key indicators of health care quality drive our performance improvement efforts.
- Measurement based on national and state standards for safety.
- Partner with patients who have complex and chronic conditions to help them manage their conditions and return to optimal health.
- Offer accessible and affordable health care services and medications.
- Actively support transitions of care (e.g., from hospital or outpatient centers to home) offering world-class treatment options for patients suffering with more complex diseases (e.g., protocols for cancer management).

AIM Network strategic plan 2016 – 2018



The AIM Network macro-strategies – grow, perform and demonstrate value – are for accountable care organization (ACO) populations in an outcomes-based risk payment model or a value-based risk payment model. Allina Health anticipates growth in ACO membership for commercial and government segments to expand to nearly 240,000 by the end of 2018. The AIM Network board of directors endorsed the 2016-2018 strategies in November 2015.

AIM NETWORK STRATEGIES 2016 - 2018

- **Membership:** Grow ACO membership and AIM Network participation in specific value-based payment arrangements.
- **Population health:** Build population health capabilities and readiness to perform under value-based payment.
- **Access:** Deliver differentiated member access to care for ACO populations.
- **In-network care:** Optimize network configuration and integration to meet the needs of ACO populations.
- **Member retention:** Enhance consumer activation and loyalty to drive ACO membership growth.
- **New revenue:** Create a portfolio of alternative payment and care model solutions for employers and health plans.

KEY STRATEGIC PROGRESS

- **Membership Growth:** AIMN ACO membership grew through participation in Next Generation ACO.
- **Connect HIE:** Created AIMN health information exchange and began rollout across network.



Clinical data integration

Fundamental to the development of AIM Network is the ability to enable and advance clinical integration for Allina Health employed physicians, independent physician practices and regional health system members. The AIM Network clinical information technology integration strategy is a multi-step journey to integrate clinical systems across the network.

INFORM PROJECT

The first step of clinical integration was to build a measurement system for tracking performance across the network:

- This is accomplished through connecting clinical data across the network to track triple aim performance.
- This model moved away from a claims-based data approach and towards a model built on data extraction from electronic health record and practice management systems.

The “integrating of our network for outcomes, results and measures” (INFORM) project is our measurement system. INFORM is also the first step in integrating AIM Network through a broader health information exchange strategy, which is a key strategy for long-term success in the marketplace.

HEALTH INFORMATION EXCHANGE

The value of electronically exchanging information is standardizing data and reducing barriers to sharing information.

- Health information exchange (HIE) allows physicians, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient’s medical record.
- Appropriate and timely sharing of patient medical information can better inform decision making at the point of care and allow providers to avoid readmissions, avoid medication errors, improve diagnoses and decrease duplicate testing.

Connect HIE, the HIE used by the AIM Network, went live in the spring of 2016. Nearly **20 unique organizations** contribute patient data to the HIE, allowing clinicians and other staff to access patient information for **over 2 million unique patient lives**.

FUTURE DIRECTIONS

AIMN is now investing in additional tools to support our analytical efforts. Through AIMN’s relationship with Health Catalyst, AIMN is investing in new population registries to provide actionable data to clinicians. These tools will integrate clinical and financial claims data, supporting our ACO performance efforts.

Quality and performance



AIM Network measure progression and quality improvement agenda

PERFORMANCE MEASURE PROGRESSION

The AIM Network measure inventory continues to evolve based on clinical quality improvement opportunities and targets population health, ACO performance, and patient experience.

Quality measurement helps AIMN Network track and assess member performance and initiate timely and meaningful improvement activities. In 2017, AIM Network will continue to develop a comprehensive and complete measure set along with clear performance guidelines.

2017 PERFORMANCE MEASURES

- | | | |
|--|---|---|
| 1. Tobacco Use Documentation and Plan | 15. General and Colorectal Surgery- SSI Colon | 29. Primary Care- HgA1C Control in DM |
| 2. Recommendations for Outpatient Provider | 16. Nephrology- ESRD/CKD Recommendations for Outpatient Provider Complete | 30. Primary Care- Use of aspirin or other antithrombotic in ischemic vascular disease |
| 3. Discharge Appointment Scheduling | 17. Neurology- Epilepsy - Seizure frequency and seizure etiology | 31. Primary Care- Statin therapy for the Prevention and Treatment of Cardiovascular Disease |
| 4. Potentially Preventable Complications | 18. Neurology- Staging of Dementia | 32. Pulmonary- Low Dose Lung Cancer Screening Rate |
| 5. Potentially Preventable Readmissions | 19. Neurology- Dementia Functional Status Assessment | 33. Radiology- Mammography Callback Rate |
| 6. All Condition 30-day Readmissions (Pioneer & UCare) | 20. Neurosurgery- ODI | 34. Radiology- Reporting to a Radiation Dose Index Registry |
| 7. 0-5 Day Follow-Up | 21. OB-GYN- Primary C-Section Rate | 35. Radiology- Follow-Up CT Imaging for Incidentally Detected Pulmonary Nodule |
| 8. Provider Communication (CG-CAHPS) | 22. Oncology- Total Pathway Adherence | 36. Rehab- ODI or FOTO for non-surgical LBP |
| 9. Overall Provider Rating (CG-CAHPS) | 23. Oncology- Chemotherapy in Last 14 Days of Life | 37. Urology- Prostate Cancer: Avoidance of overuse of bone scan |
| 10. Access Composite (CG-CAHPS) | 24. Orthopedics- DC to Home Post-Op TKA/THA | |
| 11. Staff Courtesy/Respect (CG-CAHPS) | 25. Pain Management- Documented Controlled Substance Agreement | |
| 12. Emergency Medicine- High tech imaging rate - LBP | 26. Pathology- Prospective Case Review Breast, Prostate Bx | |
| 13. Emergency Medicine- Chest Pain Discharge Rate | 27. Primary Care- BMI Documentation and Plan | |
| 14. Gastroenterology- Adenoma Detection Rate | 28. Primary Care- Controlling High Blood Pressure | |

Personalized, guided care



BluePrintSM

CO-DEVELOPMENT/INFLUENCED BENEFIT DESIGN

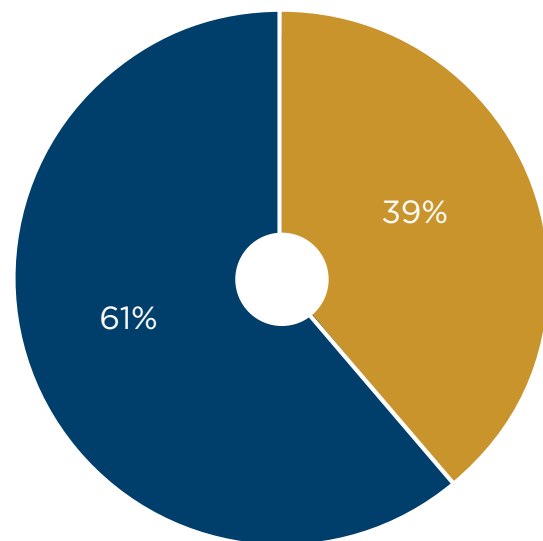
AIM Network and Blue Cross Blue Shield of Minnesota continue to work together through the offering of BluePrint. As a broad-access insurance plan, BluePrint features an integrated approach to:

- Eliminate confusion and frustration by coordinating care in a convenient, efficient, and holistic way.
- Align benefits with the care model
- Remove barriers of getting the right care, at the right place, at the right time

AIM Network and Blue Cross Blue Shield of Minnesota agreed to extend the product to 2018.

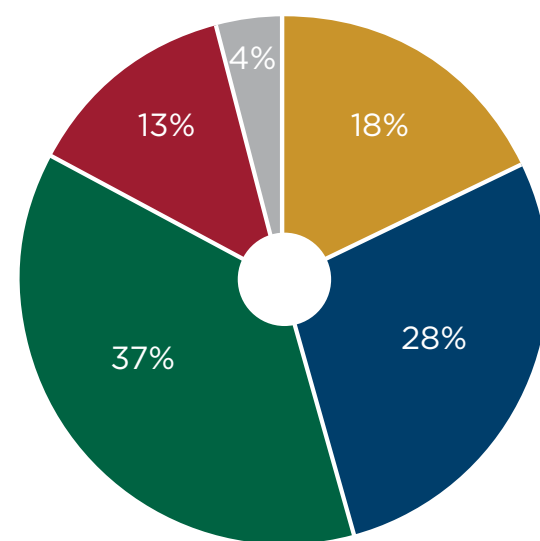
SALES

DISTRIBUTION OF INDIVIDUAL MEMBERS ON/OFF EXCHANGE



- Individual Blueprint MnSure
- Individual Blueprint off exchange

DISTRIBUTION OF BLUEPRINT MEMBERS BY MARKET SEGMENT



- Large group
- Public sector
- Small group

Population health

AIM Network has adopted the Institute for Healthcare Improvement triple aim framework to guide our population health strategy:

- better care and experience for individuals
- better health for populations through addressing “upstream” causes of poor health
- reduce per capita costs of care for populations.

HEALTHY PLANET

Allina Health implemented Epic’s Healthy Planet™ in 2016. Healthy Planet is a set of tools that allows us to define, engage, and manage populations through tools like patient registries and risk stratification.

Healthy Planet has allowed providers to identify which patients are part of an ACO and help those patients take advantage of unique benefits available through the ACO.

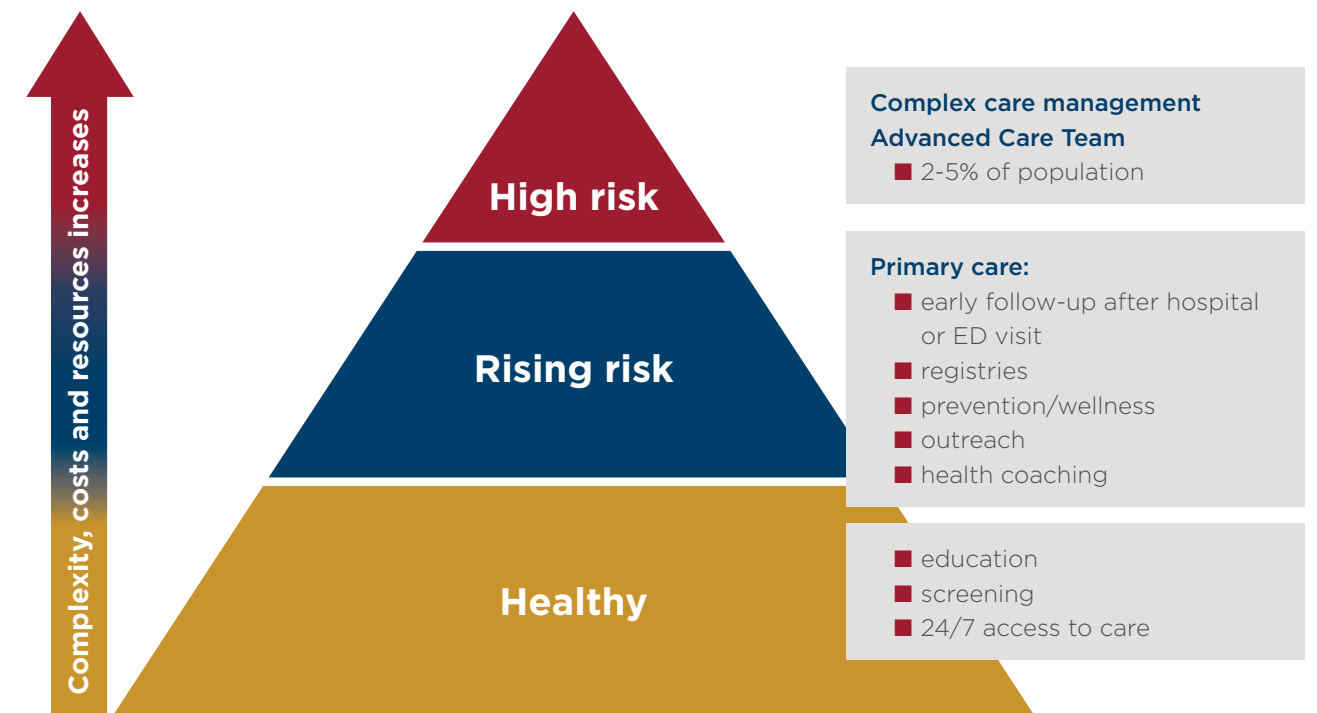
CARE MANAGEMENT

In 2016, Allina continued its hybrid care management program that utilizes the capabilities of a health plan and a health system to better coordinate care for members. Hybrid care management uses an evidence-based model of care management that has shown positive patient and financial outcomes.

The multidisciplinary Advanced Care Team (ACT) manages multiple AIM Network member segments, including:

- Medicare Pioneer ACO (Next Generation ACO in 2017)
- Allina Health Employee Health Plan
- BluePrint

The ACT teams support reductions in readmission rates and improve member engagement compared to the historical care management model.



Telehealth

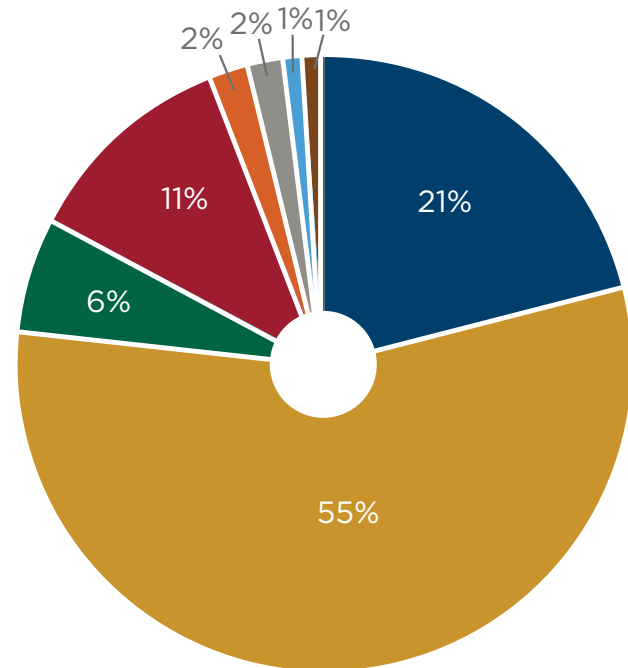
Telehealth is one way Allina Health and AIM Network are expanding care and service to achieve the triple aim:

- Right care: Enhance and increase patient care by using best practice protocols and improve clinical outcomes for more people.
- Right place: Keep care local while providing needed expertise.
- Right time: Provide timely and differentiating care and service.

Telehealth services are available in cardiology, neurology, mental health, oncology and other specialties:

- TeleHeart: Outpatient heart consultations for new and existing patients are deployed at six regional locations, with sub-specialty services like advanced heart failure, electrophysiology and vascular medicine added in 2015.

TELEHEALTH ACTIVITY BY TYPE 2016



- TeleStroke
- Assessment and referral for mental health
- Cancer Genetic Counseling
- TeleHeart
- Oncology
- TelePsychiatry
- Palliative Care (0%)
- Primary Care
- Courage Kenny

- TeleStroke: Doctors and patients in regional hospitals are able to see and interact virtually with our Allina Health on-call neurologist to quickly determine if a patient is having a stroke.
- Virginia Piper Cancer Institute
 - Cancer genetic counseling: Expanded to two additional regional locations, for a total of 10 locations. This service provides individual cancer risk assessment and a management plan based on personal and family history. If indicated, our expert can also facilitate informed choices about genetic testing.
 - Medical oncology: Outpatient oncology consultations at two locations for new and existing patients focused on extending access to regional locations.
- Mental health assessment and referral: Affiliates have access to licensed mental health experts that provide comprehensive risk assessments and disposition planning.

2016 HIGHLIGHTS

- Foundation: Implemented new telehealth solution. This solution can work in all settings, including patients home.
- Developed new services:
 - Piloted Primary Care established patient visits to patients home
 - Piloted remote home monitoring with ACT and Home Care for CHF patients.
- Grew existing services:
 - Added seven new locations
 - Increased encounters by 28%

2017 GOALS

- Implement eICU at three community hospitals (pilot)
- Spread the primary care established patient visits beyond pilot group
- Implement new specialty services
- Add new service locations
- Monitor and measure results from remote home monitoring service and determine next steps

Telehealth TELEHEALTH PROGRAM 2016

KEY

- Allina Health Telehealth Network
- ★ Allina Health Hospital
- ★ Allina CEO Summit Partner
- ★ Allina Regional Partner



Looking forward



LOOKING FORWARD: VALUE-BASED CONTRACTING

AIM Network continued its value-based contracting journey in 2016 by applying for and entering the Next Generation ACO program.

Allina Health had been a member of the Pioneer ACO program since its inception and chose to enter the Next Generation program through the AIM Network.

Allina and 23 AIM Network Independents are part of the Next Generation ACO in 2017, collaborating in the care of 32,000 Medicare beneficiaries.

As the Department of Health and Human Services (HHS) continues to accelerate the transition from fee-for-service to value-based payments through the Quality Payment Program (QPP), the AIM Network will continue to expand value-based contracting through government and commercial payer segments.

We will continue our entry into the commercial and government segments through a joint venture between Allina Health and Aetna.

The Allina Health and Aetna Insurance Company will develop commercial plans to both insured and self-funded employer groups in 2018 and Medicare Advantage in 2019.

AIM Network value-based arrangements	2015	2016	2017	2018+
Value payment opportunities				
pay for performance	■			
total cost of care	■	■	■	
population health/capitation		■	■	
bundled payments				■
Product design elements				
narrow network	■	■	■	■
assigned members (not attributed)	■	■	■	■
aligned benefits	■	■	■	■
Population segments				
individual	■	■	■	■
commercial	■	■	■	■
Medicare Fee-for-Service			■	■
Medicare Advantage				■
Distribution channels				
public exchange	■	■	■	■
direct to employer	■	■	■	■
traditional payer sales	■	■	■	

AIM Network plans to expand value payment opportunities over the next several years by offering clinical bundles, expanding population segments and exploring new distribution channels.

AIM Network will continue to pursue collaborative relationships with payers that share the same vision and are willing to reward AIM Network providers for the value of clinical integration, more coordinated and collaborative care, improved patient outcomes and improved population health.



Board of directors

AIM NETWORK GOVERNANCE

The AIM Network board of directors was established in December 2010. Board members are selected and appointed based on applications and recommendations. The selection process is guided by composition priorities aimed at achieving a balance of primary care and specialty representation, geographic distribution and a balance of independent and employed physicians.

BOARD OF DIRECTORS:

Merrill Biel, MD, ENT Specialty Care

Pamela (Gigi) Chawla, MD, Children's Hospitals & Clinics of Minnesota

Rod Christensen, MD, Allina Health

Kurt Elting-Ballard, MD, Allina Health

Toby Freier, New Ulm Medical Center

Dean Gesme, MD, Minnesota Oncology

Mark Heggem, MD, Riverwood Healthcare Center

Scott Kammer, MD, Allina Health

Scott Ketover, MD, Chair, Minnesota Gastroenterology

Ted Loftness, MD, Allina Health

Mike Madison, MD, St. Paul Radiology

Ric Magnuson, CFO, Allina Health

John Mrachek, MD, Vice Chair, American Anesthesiology of Minnesota

Alison Peterson, MD, Allina Health

Ron Peterson, MD, John Haugen and Associates

Michael Phelps, COO, Ridgeview Medical Center

Timothy Remple, MD, Hutchinson Health

Tim Sielaff, MD, Allina Health

Elizabeth (Beth) Smith, Allina Health

John Strickler, MD, Hospital Pathology Associates

Robert Thomas, MD, Emergency Physicians PA

Penny Wheeler, MD, President and CEO, Allina Health

Robert Wieland, MD, Chief Strategy Officer Allina Health and President AIM Network

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