Steward Company Overview
Who We Are

- **Steward** is a **nationally recognized, fully integrated health care system**, offering a comprehensive spectrum of services across 10 states in the U.S. and 1 country in Europe.

- Steward is the **largest private for-profit hospital operator in the United States** focusing on maximizing efficiency as a way to deliver the lowest cost / highest quality care for patients.

- Operates **three scalable business units** – Steward Hospital Management Company, Steward Medical Group (“SMG”), Steward Health Care Network (“SHCN”) in North America as well as an international arm – Steward Health Care International (“SHCI”).

Our Growth Trajectory

- Since its inception, Steward has continuously grown. In Massachusetts it has:
  - Tripled its physician network and paneled lives; increased its managed lives by 900%
  - Significantly increased its access points along the spectrum of care (primary, acute, home, etc.)
  - Expanded its innovative, award-winning ACO model ($50+ million of value to Steward)

- In 2017, Steward more than tripled its size in its national U.S. expansion:
  - Closed its acquisition of 8 hospitals from Community Health Systems in 3 states
  - Closed its merger with IASIS Healthcare of 18 hospitals across 6 states

- In December 2017, Steward signed an agreement with the government of Malta to operate 3 hospitals in the country of Malta.

### Key Stats (Projected 2018)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Revenue (post HC)</strong></td>
<td>~$7 billion</td>
</tr>
<tr>
<td><strong>Employees</strong></td>
<td>37,000</td>
</tr>
<tr>
<td><strong>States (U.S.)</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>Hospitals</strong></td>
<td>38</td>
</tr>
<tr>
<td><strong>Total Beds</strong></td>
<td>7,400</td>
</tr>
<tr>
<td><strong>Psych Beds</strong></td>
<td>1,050</td>
</tr>
<tr>
<td><strong>Employed Providers</strong></td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Practice Locations</strong></td>
<td>~400</td>
</tr>
<tr>
<td><strong>Network Providers</strong></td>
<td>4,800</td>
</tr>
<tr>
<td><strong>Paneled Lives</strong></td>
<td>2,200,000</td>
</tr>
<tr>
<td><strong>Total Patient Encounters</strong></td>
<td>~6,000,000</td>
</tr>
</tbody>
</table>
Steward Health Care System –
National Footprint in North America

Central Region

East Region

UT/CO Region

AZ Region

TX/AR/LA Region
Our Platform—
An Integrated Approach to Care Delivery

Steward Health Care System LLC

Steward Hospital Management Company (“SHMC”)
- Manages 36 newly renovated acute care hospital campuses in MA, PA, OH, FL, TX, UT, AZ, CO, AR, LA and Malta; as well as 1 long term acute care hospital, 1 rehab hospital, and one behavioral health hospital, focusing on driving value to patients through high quality / low cost points of care
- Ambulatory surgery centers, affiliated or owned urgent care providers; and preferred skilled nursing facilities (“SNFs”)

Steward Medical Group (“SMG”)
- Large employed multi-specialty group practice across entire Steward footprint
- ~1,500 employed providers across MA, PA, OH, FL, TX, UT, AZ, CO, AR, and LA
- ~400 practice sites
- ~6M encounters annually

Physician Affiliated Businesses
- Home Care and Hospice, eICU, Mobile Oncology (PET) Imaging, Tailored Risk Assurance Company (“TRACO”) with 5 types of coverage (e.g., professional, liability, worker’s comp, facility, etc.)

Steward Health Care Network (“SHCN”)
- Largest care management/ACO in New England, and growing national footprint
- Largest community-based contracting network of physicians in New England – currently expanding
- Highly integrated physician network and managed care contracting entity
  - >1,065,000 covered lives under value-based contracts (MA-only)
  - 2.2M total paneled lives
  - >4,800 contracted physicians including approximately 1,300 PCPs, 3,500+ specialty physicians and 500+ AVPs
- Medicaid ACO & MCO expansion in MA and FL
- Nationally recognized population health & analytics infrastructure to optimize performance

Health Choice
- Managed care organization and insurer offering 5 products across 2 states
- >600,000 Medicaid, Medicare and Commercial members
- Expanding into MA and FL; 2018, 2019
- Administer Medicaid ACO and MCO

Steward’s integrated model offers a scalable, proven, and innovative platform for healthcare delivery across the continuum, with best-in-class quality of care and underlying operating tactics designed to simultaneously improve profit and market share.
Our Model – Vertically and Horizontally Integrated Patient Care

Steward’s uniquely integrated model protects against market risks faced by discrete hospital, insurance and physician enterprises, while also creating scale and substantial financial and clinical benefits.

Service Area #1…

---

Service Area #10

---

patient

medical group (SMG)

urgent care centers & ambulance companies

hospital company

LTACH & SNFs

home health

healthcare network (SHCN)

payors

---

patient

medical group (SMG)

urgent care centers & ambulance companies

hospital company

LTACH & SNFs

home health

healthcare network (SHCN)

payors

---

Steward’s integrated model has been purposely constructed through acquisitions, partnerships, and affiliations to create a seamless experience for patients and providers and optimize the use of resources.

Operational Benefits

- **Vertical integration** reduces duplication and waste, capturing the financial benefit (global payment)
- **Horizontal integration** provides multiple entry points across a broader geography, increasing efficiency through scale and improved purchasing power

Clinical Benefits

- **Vertical integration** improves coordination of care delivery between settings, resulting in better patient experiences and outcomes, higher quality of care, and local care delivery
- **Horizontal integration** expands access points across a broader geography, resulting in improved convenience and affordability for patients and businesses in local communities, increased scale for development of clinical best practices, and regionalized tertiary and quaternary services to improve in-network access to highly coordinated specialty care

---

Steward’s uniquely integrated model protects against market risks faced by discrete hospital, insurance and physician enterprises, while also creating scale and substantial financial and clinical benefits.
History & Transformation
Health care delivery is transforming rapidly from a “fee for service” horizontal model to a vertical system focused on “value for the patient”. This evolution places increased emphasis on quality, increased efficiency, and finding new ways of partnering with patients and providers.

Steward was formed with a business model that embraced this transformation. Steward acquired the bankrupt, non-profit Caritas Christi Health Care System in 2010 and quickly built a scalable, community-based integrated ACO delivery system. It embraced a multi-pronged strategy consisting of acquisitions, reorganizations, cost-efficiency initiatives and a robust primary care and physician network development with a focus on financial and clinical integration.

In its new model, Steward spent the last five years creating a replicable, centrally coordinated, locally managed ACO model that integrates primary care and a spectrum of community-based services as the foundation of a sustainable care delivery model.

Shifting to value requires providers to become clinically and financially aligned as a “provider community.” It also requires a more holistic view of our roles in this “integration”, tearing down the barriers created by existing reimbursement mechanisms and focusing on a patient’s total care experience as well as the total medical expense of care rendered.

Now, in 2018, Steward stands to be a $7 billion, asset-lite, integrated organization with a broad presence across 10 states. With over 1,000,000 emergency department visits and over 500,000 adjusted discharges annually, this replicable ACO model successfully cares for approximately 1,065,000 lives under value-based contracts (MA-only), serves as the marquee provider network for eight health plans, and an insurer offering 5 products across 2 states.
**Steward Timeline –**

*Transformative model has evolved ahead of industry*

---

### 2011

- **Establish Core**
  - Formation of Steward after acquisition of select assets from Caritas Christi
  - New management team
  - Consolidated 5 separate medical groups into one company and centralized management

- **Strategically Grow in New England**
  - Formed SHCN
  - Acquired 9 acute care hospitals
  - Consolidated 5 separate medical groups into one company and centralized management
  - Acquired 1 LTACH hospital with 2 campuses
  - Acquired 4 homecare and hospice companies and merged into 1 company
  - Linked SMG PCP compensation to retention and productivity
  - Entered Pioneer Medicare ACO Program as part of first cohort of providers in nation

### 2012

- **Optimize and Transform**
  - Transformed facilities through addition of cutting edge clinical and operational technology, new patient care areas (invested >$700M)
  - Reorganized Revenue Cycle Ops
  - Added quality metrics to SMG physician compensation model
  - Created 3 separate, scalable business units
  - Continued acquisitions of physician practices, imaging centers, surgery centers
  - Folded urgent care affiliates into network
  - Brought all hospitals and onto a single clinical EHR platform
  - Consolidated SMG practice sites and introduced mid level providers
  - Launched Preferred SNF network and population-based payments
  - Launched proprietary CARES tool
  - Launched proprietary length of stay (LOS) tool and initiative
  - Launched proprietary proactive labor management (PLM) tool

### 2013

- **Position for Growth**
  - Recapitalized Steward to prepare for acquisitions
  - Restructured pension plan
  - Sold Steward MSO services and proprietary IT platform
  - Launched Next Gen ACO and piloted Medicaid ACO
  - Optimized Supply Chain
  - Expanded nationally across 9 new states

### 2014

- **Continue to Grow**
  - Continue to invest in hospital, physician and managed care services in our 10 states
  - Expand physician network
  - Expand Medicaid ACO and MCO (Mar 2018) and introduce Health Choice as a plan to administer Medicaid ACO and MCO in MA (Jan 2019), and FL subsequently
  - Assess new opportunities in domestic and international markets

---

### 2016

- **Continue to Grow**
  - Continue to invest in hospital, physician and managed care services in our 10 states
  - Expand physician network
  - Expand Medicaid ACO and MCO (Mar 2018) and introduce Health Choice as a plan to administer Medicaid ACO and MCO in MA (Jan 2019), and FL subsequently
  - Assess new opportunities in domestic and international markets

### 2017

- **Continue to Grow**
  - Continue to invest in hospital, physician and managed care services in our 10 states
  - Expand physician network
  - Expand Medicaid ACO and MCO (Mar 2018) and introduce Health Choice as a plan to administer Medicaid ACO and MCO in MA (Jan 2019), and FL subsequently
  - Assess new opportunities in domestic and international markets

### 2018+

- **Continue to Grow**
  - Continue to invest in hospital, physician and managed care services in our 10 states
  - Expand physician network
  - Expand Medicaid ACO and MCO (Mar 2018) and introduce Health Choice as a plan to administer Medicaid ACO and MCO in MA (Jan 2019), and FL subsequently
  - Assess new opportunities in domestic and international markets
Business Strategy

Centralized Business Services and Tools
In its quest for efficiencies, Steward has invested in the development of tools, that are easily scalable, to improve efficiency focusing on quality of care:

- **Co-Morbidity Assessment Rules Engine (CARE)** – Codes and cross functional set of rules that suggests to physician in real time potential diagnoses related to diagnostic results
  - Improving the timeliness, safety and quality of care
  - Assists other physicians throughout the continuum of care for the patient – transitions of CARE
  - Ensures that the Diagnostic Related Group (DRG) is appropriate, driving more accurate and efficient billing with a direct impact on revenue

- **Length of Stay (LOS)** – Provides a comprehensive hospital operating tool to predict and then proactively manage in real-time patient length of stay from the moment the patient is admitted through to their discharge

- **Predictive Labor Management (PLM)** – Provides a comprehensive hospital operating tool to predict and then proactively manage in real-time workforce labor

- **Supply Chain Management** – Controlling hard costs utilizing contracting, standardization, central controls and analytics

**The Easy:**
- GPOs – ensure “on-contract” purchasing
- Standardizing item master across regions / institutions

**The Difficult:**
- Standardized/optimized formulary – physicians and institutions disagree on set formulary
- Approval process / vendor policies
- Proactive monitoring of spend

**The Hard:**
- Physician preference items (PPI)
- Inventory management
Hospital Management Company –
*Length of Stay (LOS)*

**How it works:**
- Uses predictive analytics to forecast patient LOS
- Aggregates patient clinical and demographic information to make better clinical decisions faster
- Pushes clinical results out to the clinical decision makers via text page allowing for quicker follow up to patient needs
- Prioritizes scheduling of tests and consults
- Prompts providers when data is available
- Sets targets with reminders for each milestone

- LOS home page provides executive summary of patients discharging today or tomorrow
- Highlights outstanding patient clinical needs required for discharge
Hospital Management Company –

Length of Stay (LOS)

LOS detail page outlines where a patient is in the care continuum and consolidates critical clinical information including expected discharge date and time, outstanding labs/consults, etc.
How it works:

- Uses predictive analytics to forecast inpatient census with 97% accuracy at 7 – 10 days
- Overlays staffing schedules over predicted census to allow hospital teams to make better staffing decisions faster
- Pushes staffing opportunities (proactively) out to the local and central decision makers allowing for quicker follow up to patient needs
- Uses predictive analytics to optimize staffing levels
- Streamlines data allowing for easier oversight and reductions in management staff

- Predictions are displayed to front end users in a simplistic interface
- Immediate needed actions are pushed out to users
- Volume and staffing is linked and system notifies appropriate user of over/under staffing situations and suggests staff to call off by highest cost
Hospital Management Company –
Predictive Labor Management (PLM)

- Detailed labor KPIs, such as cost of staff, can be monitored at the hospital level and drilled down further to the unit and floor level for additional detail
- Color coding helps users to narrow in on areas that are under or over performing
Objective: Accurately predict patient census to allow for most efficient management

- Predict long term volume trends and changes in service mix
- Predict short term volume fluctuations by hour of day and day of week
- Review medical information for each inpatient to identify clinical information missing from the problem list
- Flag patients with new clinical diagnoses for coding review to update working DRG
- Adjust core staffing levels to match current and predicted volume
- Leverage less expensive variable staffing options to drive financial performance
- Predict LOS of patient based on working DRG
- Highlight outstanding tests needed for patients discharging today or tomorrow
- Predict, identify and flag potential breakdowns in workflow to prompt immediate action
Steward Medical Group (SMG) –
*Physicians managed in a central organization*

- Centralized governance & management of all physician strategy & operations
  - Physician practices are primary business; management team builds expertise in practice management

- Clinical
  - Standardized templates, protocols, and processes to improve compliance with best practice and quality measure performance

- Network Development
  - Review age of all existing MDs to identify future gaps for proactive succession planning
  - Perform analytical need assessment of existing PCP sites and population demographics to quantify the demand for physicians across specialties needed
  - Target towns with little SHCN presence and high population density for recruitment

- Operations
  - Delegate administrative tasks (vitals, medications, etc.) to office staff to maximize efficiency of provider
  - Leverage technology to enhance clinical access (ZocDoc)
  - Embrace innovation to improve utilization (SmartScheduling)
  - Manage most costly component of practice expense through monitoring staffing levels per provider, flexing office staff to cover volume demands, and consolidating offices
  - Supply chain achieves value in outpatient purchasing through formularies and adherence

- Physician Accountability
  - Robust compensation models align salary with productivity and incorporate quality & retention metrics
  - Physician service line leaders that manage system-wide quality and performance
Steward Medical Group (SMG) –
SMG’s value contribution

- SMG links physician compensation to productivity, quality, care coordination, panel size and citizenship.
- SMG manages office productivity to minimize provider subsidy.
- SMG provides resource utilization discipline through standardized care delivery protocols & order sets.
- SMG strategically employs specialists to fill service line gaps at Steward hospitals.
- SMG model aligns incentives and performance of hospital based SMG providers (including physicians from the ER, radiology and pathology departments) with hospital operations.

Steward Hospital Value Creation Tactics

- SMG drives network retention by improving patient access through expanded practice hours, urgent care affiliations and co-locating specialists in PCP practices.
- SMG has created a minimum quality care performance threshold to qualify for physician payment, ensuring alignment with network quality programs.
- SMG enhances hospital readmission prevention initiatives, evaluating risk patients within 3 days of hospital discharge.
- SMG physicians act as advocates and leaders for Steward initiatives with non-employed SHCN physicians.

Steward Health Care Network Value Creation Tactics

Steward Management Hospital Company

Steward Health Care Network
Other customized, non-proprietary tools are scalable, enabling SMG to support a growing network:

- Athena Collector including SmartScheduling (practice management)
- Steward DoctorFinder & all web search optimization (including Yext)
- ZocDoc & Kyruus DirectBook
- Phreesia (tablet/mobile check-in)
- American Well (telehealth, direct to consumer)
- Cactus (payor enrollment platform)
- MPV (revenue cycle)
- BACTES (records retrieval)
- Athena Coordinator (referral management)
- Athena Communicator (patient campaigns/pop health)
- Axiom (budgeting)
Steward Medical Group (SMG) –
Examples of SMG’s scalable tools

**Daily Charge Report**: Volume, charges, missing slips, A/R data and other metrics by doctor produced daily and distributed to SMG and hospital leadership
Steward Medical Group (SMG) –

Examples of SMG’s scalable tools

**Physician’s KPI (key performance indicators):** Produced monthly and pushed out to doctors

<table>
<thead>
<tr>
<th>Provider Names</th>
<th>Gross Charges</th>
<th>YTD</th>
<th>Bud/LYTD</th>
<th>YTD Var</th>
<th>14-month Trend</th>
<th>MTD</th>
<th>Bud/LMTD</th>
<th>MTD Var</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>298.3M</td>
<td>290M</td>
<td></td>
<td>2.85%</td>
<td></td>
<td>15.06M</td>
<td>19.74M</td>
<td>-23.73%</td>
</tr>
<tr>
<td></td>
<td>95.34M</td>
<td>88.45M</td>
<td></td>
<td>7.79%</td>
<td></td>
<td>6.2M</td>
<td>7.06M</td>
<td>-12.28%</td>
</tr>
<tr>
<td></td>
<td>1.2M</td>
<td>1.21M</td>
<td></td>
<td>-0.72%</td>
<td></td>
<td>58.99k</td>
<td>82.07k</td>
<td>-28.12%</td>
</tr>
<tr>
<td></td>
<td>18.88k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice</th>
<th>Charge Lag</th>
<th>YTD</th>
<th>Bud/LYTD</th>
<th>YTD Var</th>
<th>14-month Trend</th>
<th>MTD</th>
<th>Bud/LMTD</th>
<th>MTD Var</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.79</td>
<td>15.51</td>
<td></td>
<td>-49.75%</td>
<td></td>
<td>5.24</td>
<td>6.56</td>
<td>-20.09%</td>
</tr>
<tr>
<td></td>
<td>914.7k</td>
<td>918.3k</td>
<td></td>
<td>-0.40%</td>
<td></td>
<td>40.82k</td>
<td>51k</td>
<td>-19.96%</td>
</tr>
<tr>
<td></td>
<td>497.5k</td>
<td>482k</td>
<td></td>
<td>3.22%</td>
<td></td>
<td>22.13k</td>
<td>27.59k</td>
<td>-19.79%</td>
</tr>
<tr>
<td></td>
<td>249.3</td>
<td>240.6</td>
<td></td>
<td>3.60%</td>
<td></td>
<td>255.3</td>
<td>240.6</td>
<td>6.12%</td>
</tr>
<tr>
<td></td>
<td>1.46</td>
<td>1.39</td>
<td></td>
<td>4.86%</td>
<td></td>
<td>0.64</td>
<td>0.57</td>
<td>12.28%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cost Center</th>
<th>Clean Claim Rate</th>
<th>YTD</th>
<th>Bud/LYTD</th>
<th>YTD Var</th>
<th>14-month Trend</th>
<th>MTD</th>
<th>Bud/LMTD</th>
<th>MTD Var</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>65%</td>
<td>68%</td>
<td></td>
<td>-5.06%</td>
<td></td>
<td>64%</td>
<td>63%</td>
<td>2.86%</td>
</tr>
</tbody>
</table>

Data Through: 8/14/2017
### Steward Health Care Network (SHCN)

**SHCN is:**
- A clinically integrated, community based ACO and insurer

**With the Vision:**
- To provide high quality, cost efficient care that is accessible, affordable, and sustainable

**For:**
- Each and every member of the communities we serve (across the entire payer spectrum)

#### Mission

Achieve the quadruple aim:
- Better care of individuals
- Better health for populations
- Lower cost
- Drive value to physicians outside of the traditional fee for service construct

#### How we create value for providers & patients

- Patient + MD relationship centered
- Integrated delivery system with hospitals, employed providers, and private practice providers as equal partners
- 5 Key Attributes:
  - Physician leadership and governance
  - Quality, Outcomes, and Patient Experience
  - Clinical and Financial Integration (CI and APMs)
  - Payer Agnostic
  - ACO infrastructure to support high value care
**Practice Level: Employed and Affiliated**

*Revenue Enhancement*
- Enhanced FFS Rates through risk contracting
- Additional quality and surplus payments maximizes value
- Participate in Next Gen ACO/ MSSP to earn 5% MACRA Bonus
- Participate in BPCI to earn 150% Medicare FFS

*Expense control*
- Full EHR subsidization through ACO Waiver
- Lower malpractice premiums through Traco
- Enrollment / Credentialing / Referral management reducing office based staff
- Reduced health insurance premiums through narrow network plan
- Recruitment Assistance and income guarantees through ACO waivers
- Access to Steward GPO

**Organization Level:**
- Physician led organization and governance structure
- Data Aggregation, Warehousing / Analytics
- Programs
  - Compliance and coding support
  - Risk management
  - Utilization, Disease, Care management
  - Clinical and quality performance measurement and improvement
- Access to Steward’s suite of best in class and proprietary Population Health Management tools and technology

**Accountable Care Level:**
- Scale at local, regional and national level to interact with evolving payor (Medicare, Medicaid, Commercial) markets
  - Drive and influence health care reform rather than reacting to it: make it work for providers
- Better financial and clinical outcomes
- Leverage investments Steward has already made
Steward Health Care Network (SHCN)
Steward Value to Patients

The patient is at the center of everything we do and we believe strongly in showing commitment to our patients and communities by delivering the right and affordable care in the right setting at the right time.

### Quality
- Portion of provider compensation is based on measurable quality and patient experience metrics.
- Comprehensive wellness & prevention services to keep people healthy.
- World class healthcare when people do get sick.
- Integrated I.T. platforms track and manage patients medications, allergies, conditions, medical history. This also goes with the patient from care setting to care setting.

### Accessibility
- Ease of access and broad spectrum of care in communities where patients work and live.
- Integrated care delivery from home health through acute hospitals.

### Affordability
- Care and costs are tracked and managed across the spectrum of care reducing redundancy and keeping costs low for the patients.
- Comprehensive wellness & prevention services including home health, chronic disease management, colonoscopy screenings, mammography screenings, etc., to keep patients out of the hospital where care is most costly.
Steward Health Care Network (SHCN)
Technology Suite

- Business intelligence allows us to analyze quality, patterns of care, and referral patterns at a very granular level, enabling process redesign, provider interventions, incentives, and new business development.
- Data-driven strategies are informed by a Steward-built custom data mining and reporting tool, which provides the ability to drill down in real-time on areas of interest at all levels. As our experience with value-based contracts continues to increase, the universe of available data will expand, providing additional sources of information to broaden our view into the patterns of care among our network providers.
### Steward Health Care Network (SHCN) Analytics – Quality Dashboard

#### 2016 Sep Quality YTD Paid Through Sep, 2016

<table>
<thead>
<tr>
<th>Service</th>
<th>Compliance Volume</th>
<th>Volume to 2016 YE Target %</th>
<th>Volume to 100% (in addition to Vol to Target)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Medication Ratio 73.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis 60.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Screening 89.0%</td>
<td>1,588</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer Screening 85.6%</td>
<td>2,631</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Screening 67.7%</td>
<td>3,244</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Phase Rx 55.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuation Phase Rx 37.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Exam 51.9%</td>
<td>547</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c Test (2X) 55.4%</td>
<td>583</td>
<td>260</td>
<td>210</td>
</tr>
<tr>
<td>Nephropathy 90.1%</td>
<td>949</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Imaging 81.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharyngitis 96.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>URI 95.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;15 months Well Care 95.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-5 Years Well Care 69.7%</td>
<td>396</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescent Well Care 63.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening (Ages 16-20) 77.4%</td>
<td>332</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening (Ages 21-24) 67.1%</td>
<td>239</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
YTD compliance on diabetes measure across entire network. Can drill all the way down to provider and actual patients.
YTD compliance on diabetes measure for an individual PCP
Scorecard and other reports can be produced at the provider level
Steward Health Care Network (SHCN) Analytics – PCP Specialist visits Care Retention Dashboard

### STEWARD HEALTH CARE NETWORK

**Performance Summary**

- Top by Volume: Sorts the data by volume.
- Reporting Category: Filters the data by category.
- Reports By Category: Filters the data by reporting category.
- Reports By Service Lines: Filters the data by service lines.

**Steward Specialist Rank**

<table>
<thead>
<tr>
<th>Top 5 Steward Specialist</th>
<th>Visits</th>
<th>OP Proc Steward</th>
<th>OP Proc OON</th>
<th>OP Proc % Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>788</td>
<td>126</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>194</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>172</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>170</td>
<td>120</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>133</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>119</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

**OON Specialist Rank**

<table>
<thead>
<tr>
<th>Top 5 OON Specialist</th>
<th>Visits</th>
<th>OP Proc Steward</th>
<th>OP Proc OON</th>
<th>OP Proc % Re</th>
</tr>
</thead>
<tbody>
<tr>
<td>277</td>
<td>45</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>84</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>69</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>63</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>39</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-</td>
</tr>
</tbody>
</table>

**Procedure Rank**

<table>
<thead>
<tr>
<th>Top 5 Procedure</th>
<th>Visits</th>
<th>OON</th>
<th>Steward</th>
<th>% Retained Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,975</td>
<td>1,058</td>
<td>3,917</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>OFFICE/OUTPATIENT VISIT, EST</td>
<td>3,517</td>
<td>802</td>
<td>2,715</td>
<td>77%</td>
</tr>
<tr>
<td>OFFICE/OUTPATIENT VISIT, NEW</td>
<td>1,240</td>
<td>200</td>
<td>1,040</td>
<td>84%</td>
</tr>
<tr>
<td>OFFICE CONSULTATION</td>
<td>187</td>
<td>35</td>
<td>152</td>
<td>81%</td>
</tr>
<tr>
<td>SUBSEQUENT HOSPITAL CARE</td>
<td>21</td>
<td>14</td>
<td>7</td>
<td>33%</td>
</tr>
<tr>
<td>INITIAL HOSPITAL CARE</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>30%</td>
</tr>
</tbody>
</table>
Steward Health Care Network (SHCN) Analytics –
Patient Experience Dashboard

**DSS Adult Survey Report (2016WI)**

**SHCN Network**

**Summary View**

**Based on 4,187 Patient Surveyed**

Provider Rating* [4,187]

- 81% Score of 10
- 64% Score of 9
- 17% Score of 8

**Survey Questions**

<table>
<thead>
<tr>
<th>Survey Domain</th>
<th>ACCESS</th>
<th>COMMUNICATION</th>
<th>OFFICE STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access: Appt. for Urgent Care [2,061]</td>
<td>93%</td>
<td>74.0%</td>
<td>19%</td>
</tr>
<tr>
<td>Access: Appt. for Routine Care [3,550]</td>
<td>96%</td>
<td>76.0%</td>
<td>20%</td>
</tr>
<tr>
<td>Access: Medical Question Answered [1,796]</td>
<td>91%</td>
<td>66.0%</td>
<td>25%</td>
</tr>
<tr>
<td>Access: Medical Question After Hours [314]</td>
<td>84%</td>
<td>64.0%</td>
<td>25%</td>
</tr>
<tr>
<td>Access: Saw Provider Within 15 Min [4,051]</td>
<td>77%</td>
<td>39.0%</td>
<td>26%</td>
</tr>
<tr>
<td>Comm: Provider Explained Things Clearly [4,078]</td>
<td>97%</td>
<td>86.0%</td>
<td>11%</td>
</tr>
<tr>
<td>Comm: Provider Listened Carefully [4,083]</td>
<td>96%</td>
<td>97.0%</td>
<td>10%</td>
</tr>
<tr>
<td>Comm: Easy to Understand Information [3,480]</td>
<td>96%</td>
<td>85.0%</td>
<td>12%</td>
</tr>
<tr>
<td>Comm: Provider Knew Medical History [4,039]</td>
<td>96%</td>
<td>80.0%</td>
<td>15%</td>
</tr>
<tr>
<td>Comm: Provider Showed Respect [4,059]</td>
<td>98%</td>
<td>90.0%</td>
<td>8%</td>
</tr>
<tr>
<td>Comm: Provider Spent Enough Time [4,061]</td>
<td>96%</td>
<td>82.0%</td>
<td>54%</td>
</tr>
<tr>
<td>Office Staff: Helpfulness [4,069]</td>
<td>94%</td>
<td>72.0%</td>
<td>24%</td>
</tr>
<tr>
<td>Office Staff: Showed Courtesy and Respect [4,060]</td>
<td>97%</td>
<td>86.0%</td>
<td>11%</td>
</tr>
<tr>
<td>Integration of Care: Follow-Up with Testing [3,639]</td>
<td>88%</td>
<td>71.0%</td>
<td>13%</td>
</tr>
</tbody>
</table>

* The Provider Rating is an aggregate score of overall performance.


Patient Experience Dashboard can be produced at the provider and patient level
Questions?