Population Health and Cerner's Approach

Peter Smart
Senior Director, Analytics at Cerner

Connecting what matters

Talking Points

- Industry Shift to Population Health
- Cerner’s Approach

Cerner Today

Cerner today

over 22,000 ASSOCIATES

hospitals 5,431

OVER 450,000 PHYSICIAN USERS

physician practices 5,594

3,888 EXTENDED CARE FACILITIES

98 clients named Health Care's 2015 Most Wired

52 client hospitals named US News and World Report Most Connected

345+ PATENTS WORLDWIDE

over 20,000 CLIENT FACILITIES

30+ COUNTRIES

OVER $4.9B CUMULATIVE R&D INVESTMENT

$4.4 BILLION 2015 REVENUE

414 ACUTE CLIENTS 43

184 AMBULATORY CLIENTS 303

Updated 4/2016

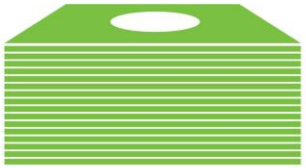
what matters

Investing in innovation

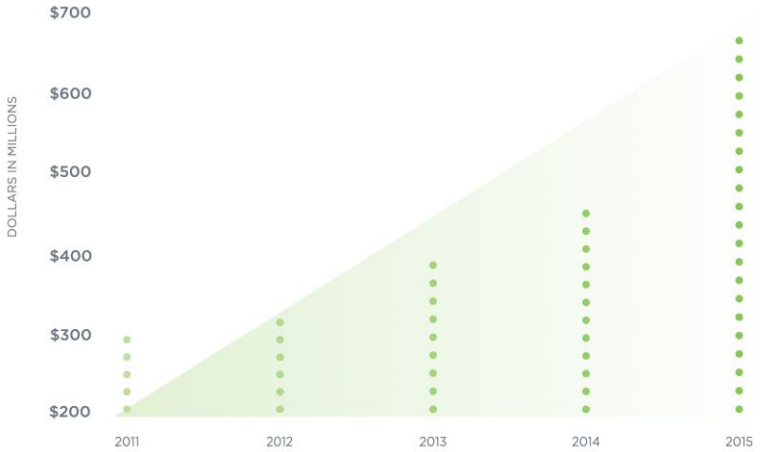
Cerner R&D investment

Cumulative R&D

$4.9B+



$685M R&D investment in 2015



47% growth YOY

2014 to 2015

** Includes additive spending from Siemens H.S. R&D-Values reflect Gross R&D (before capitalization and amortization)*

Connecting what matters

World-class technology

2016 top inpatient EHR vendor

#1 Hospital chains, system and IDNS
#1 Community Hospitals (101-250 beds)

Great product & market overall grades

CHILMARK RESEARCH

	Product Overall Grade	Market Overall Grade
Cerner	B+	B+
Optum	B+	B
Aetna/Active Health	B	C
McKesson	C+	B-
Epic	D	B-
IBM	C-	C-

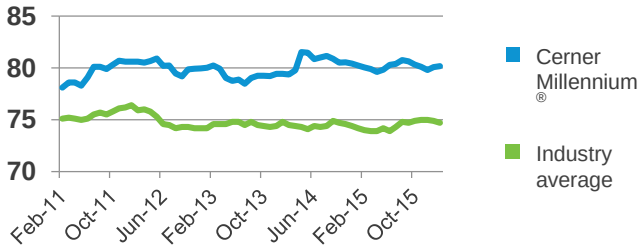
A leader in vision and execution

Gartner Magic Quadrant for Global Enterprise EHR Systems; March 16, 2015

Scores well above industry average

KLAS ACCURATE. HONEST. IMPARTIAL.

Acute care EMR scores



Connecting what matters

Move to Population Health

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Notes: * Includes ties. ** Expenditures shown in $US PPP (purchasing power parity); Australian $ data are from 2010.
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011;* World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

What Is Population Health?

As an approach, population health focuses on interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well being of those populations.[1]

Determinants of Health

- Biology and Genetics
- Individual Behavior
- Health Services – Public Health
- Social Factors
- Policymaking

[1] Kindig, Stoddart. *What is Population Health?* Am J Public Health. 2003 March; 93(3): 380–383

Aim for 21st Century Healthcare[2]

Safe

Effective

Patient-Centered

Timely

Efficient

Equitable

[2] Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington (DC): National Academies Press (US); 2001.

Health care quality and the IOM reports

- In recent times, driven by “triple aim” [3]
  - Better health
  - Better healthcare
  - Lower cost
- Quality measured in three categories at individual and organizational levels [4]
  - Structural – factors that make it easier or harder to deliver high-quality care
  - Process – factors describing healthcare content and activities,
  - Outcomes – changes attributable to care

[3] Berwick DM, Nolan TW, Whittington J. *The Triple Aim: Care, health, and cost.* Health Affairs. 2008 May/June;27(3):759-769.

[4] Donabedian A. *An Introduction to Quality Assurance in Health Care.* New York, NY: Oxford University Press; 2002.

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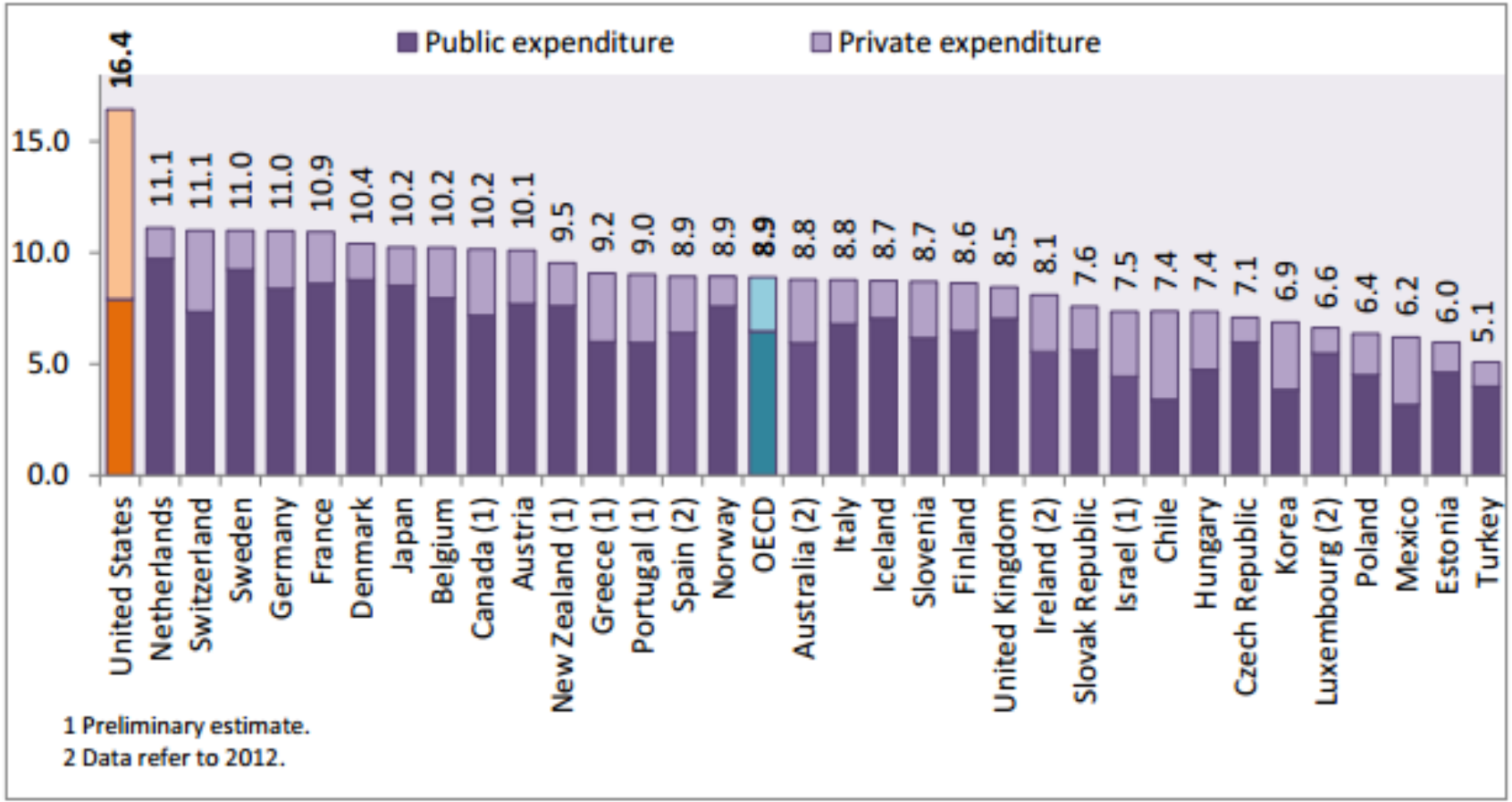
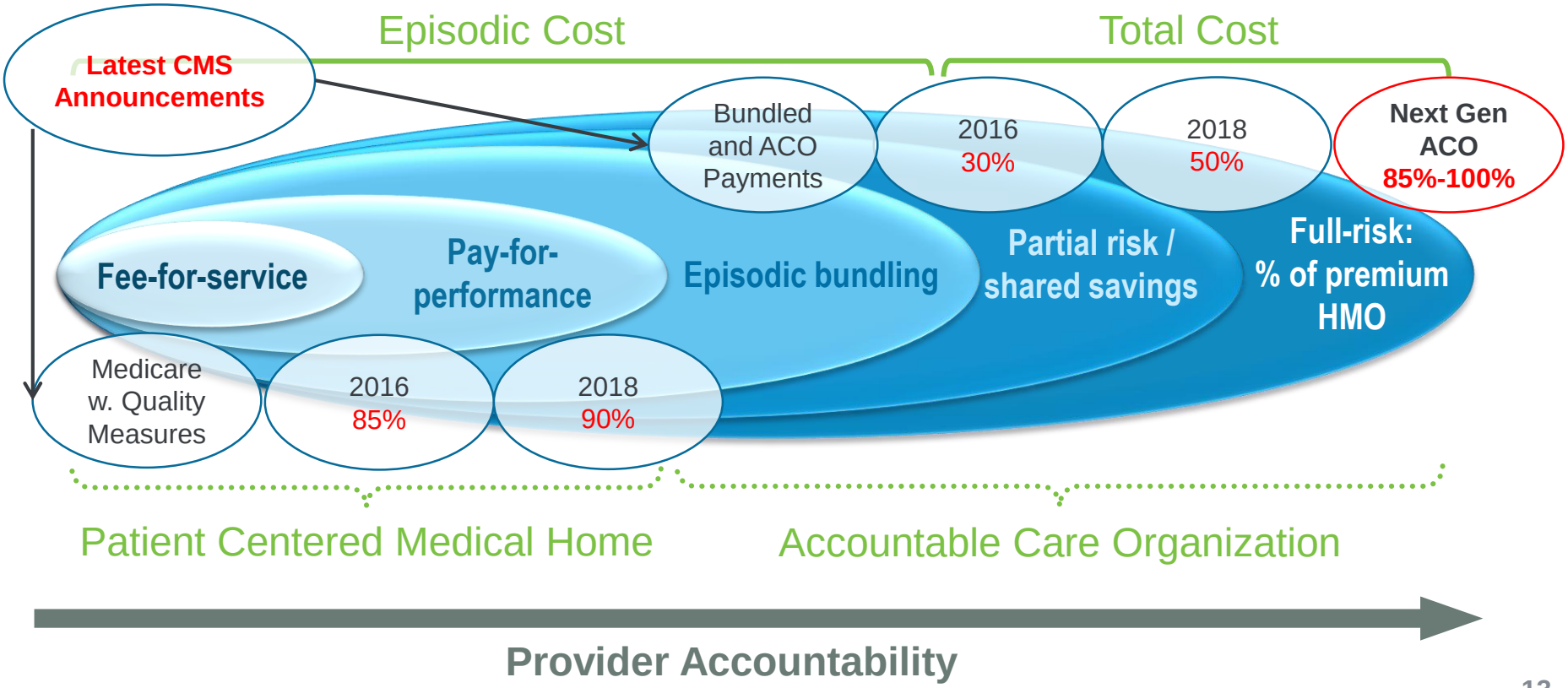


Used from: https://www.oecd.org/unitedstates/Country-Note-UNITED%20STATES-OECD-Health-Statistics-2015.pdf

Shift to accountability | continuum of payment models



Definition of an ACO

Accountable Care Organizations (ACOs) are:

groups of doctors, hospitals, and other health care providers,

who come together voluntarily to give

coordinated, high quality care to the patients they serve

ACO Patient Satisfaction – 8 measures

- CAHPS: Consumer Assessment of Healthcare Providers and Systems

ACO #	Measure title	NQF #	Measure steward	Method of data submission
Domain: patient/ caregiver experience				
ACO-1	CAHPS: Getting Timely care, Appointments, and Information	0005	AHRQ	Survey
ACO-2	CAHPS: How Well Your Providers Communicate	0005	AHRQ	Survey
ACO-3	CAHPS: Patients' Rating of Provider	0005	AHRQ	Survey
ACO-4	CAHPS: Access to Specialists	N/A	CMS/AHRQ	Survey
ACO-5	CAHPS: Health Promotion and Education	N/A	CMS/AHRQ	Survey
ACO-6	CAHPS: Shared Decision Making	N/A	CMS/AHRQ	Survey
ACO-7	CAHPS: Health Status/Functional status	N/A	CMS/AHRQ	Survey
ACO-34	CAHPS: Stewardship of Patient Resources	N/A	CMS/AHRQ	Survey

ACO Readmissions – 7 measures

ACO #	Measure title	NQF #	Measure steward	Method of data submission
Domain: care coordination/ patient safety				
ACO-8	Risk Standardized, All Condition Readmission	1789 (adapted)	CMS	Claims
ACO-35	Skilled Nursing Facility 30-Day All-Cause Readmission Measures (SNFRM)	2510 (adapted)	CMS	Claims
ACO-36	All-Cause Unplanned Admissions for Patients with Diabetes	N/A	CMS	Claims
ACO-37	All-Cause Unplanned Admissions for Patients with Heart Failure	N/A	CMS	Claims
ACO-38	All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions	N/A	CMS	Claims
ACO-9	Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	0275	AHRQ	Claims
ACO-10	Ambulatory Sensitive Conditions Admissions: Heart Failure	0277	AHRQ	Claims

ACO Quality – 18 measures

ACO #	Measure title	NQF #	Measure steward	Method of data submission
ACO-39 (CARE-3)	Documentation of Current Medications in the Medical Record	0419	CMS	GPRO WI
ACO-13 (CARE-2)	Falls: Screening for Future Fall Risk	0101	AMA/PCPI/ NCQA	GPRO WI
Domain: Preventive Health				
ACO-14 (PREV-7)	Preventive Care and Screening: Influenza Immunization	0041	AMA/PCPI	GPRO WI
ACO-15 (PREV-8)	Pneumonia Vaccination Status for Older Adults	0043	NCQA	GPRO WI
ACO-16 (PREV-9)	Preventive Care and Screening: Body Mass Index Screening and Follow-Up	0421	CMS	GPRO WI
ACO-17 (PREV-10)	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	0028	AMA/PCPI	GPRO WI
ACO-18 (PREV-12)	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	0418	CMS	GPRO WI
ACO-19 (PREV-6)	Colorectal Cancer Screening	0034	NCQA	GPRO WI
ACO-20 (PREV-5)	Breast Cancer Screening	N/A	NCQA	GPRO WI
ACO-21 (PREV-11)	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	N/A	CMS	GPRO WI
ACO-42 (PREV-13)	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	CMS	GPRO WI
Domain: at-risk population Depression ACO-40 (MH-1)	Depression Remission at 12 Months	0710	MNCM	GPRO WI
Diabetes ACO-27 (DM-2)	Diabetes: Hemoglobin A1c Poor Control	0059	NCQA	GPRO WI
ACO-41 (DM-7)	Diabetes: Eye Exam	0055	NCQA	GPRO WI
Hypertension ACO-28 (HTN-2)	Controlling High Blood Pressure	0018	NCQA	GPRO WI
Ischemic vascular disease ACO-30 (IVD-2)	Ischemic Vascular Disease: Use of Aspirin of Another Antithrombotic	0068	NCQA	GPRO WI
Heart failure ACO-31 (HF-6)	Heart Failure: Beta-Blocker Therapy For Left Ventricular Systolic Dysfunction	0083	AMA/PCPI/ ACC/AHA	GPRO WI
Coronary artery disease ACO-33 (CAD-7)	Coronary Artery disease: Angiotensin-Converting Enzyme Inhibitor or Angiotensin Receptor Blocker Therapy—Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	0066	AMA/PCPI/ ACC/ AHA	GPRO WI

MEMORIAL HERMANN

BECKER'S Hospital Review

15 Medicare Shared Savings ACOs that generated the most savings in 2013

In performance year one, Medicare Shared Savings Program accountable care organizations with April 2012 and July 2012 start dates held spending to $652 million below their targets, according to CMS.

Here are the 15 MSSP ACOs that generated the most savings in performance year one.

1. Houston-based Memorial Hermann ACO — **$57.83 million**

2. Palm Springs, Fla.-based Palm Beach ACO — **$39.57 million**

ountable Care IPA — **$27.92 million**

ntable Care — **$24.68 million**

Care Medical Group — **$21.91 million**

CO — **$21.69 million**

— **$21.51 million**

· **$20.24 million**

19.88 million

tas — **$19.10 million**

outheast Wisconsin — **$17.70 million**

million

— **$17.03 million**

illion

ve — **$14.07 million**

Top MSSP ACOs in quality, shared savings for 2015

Written by Emily Rappleye (Twitter | Google+) | August 26, 2016 | Print | Email

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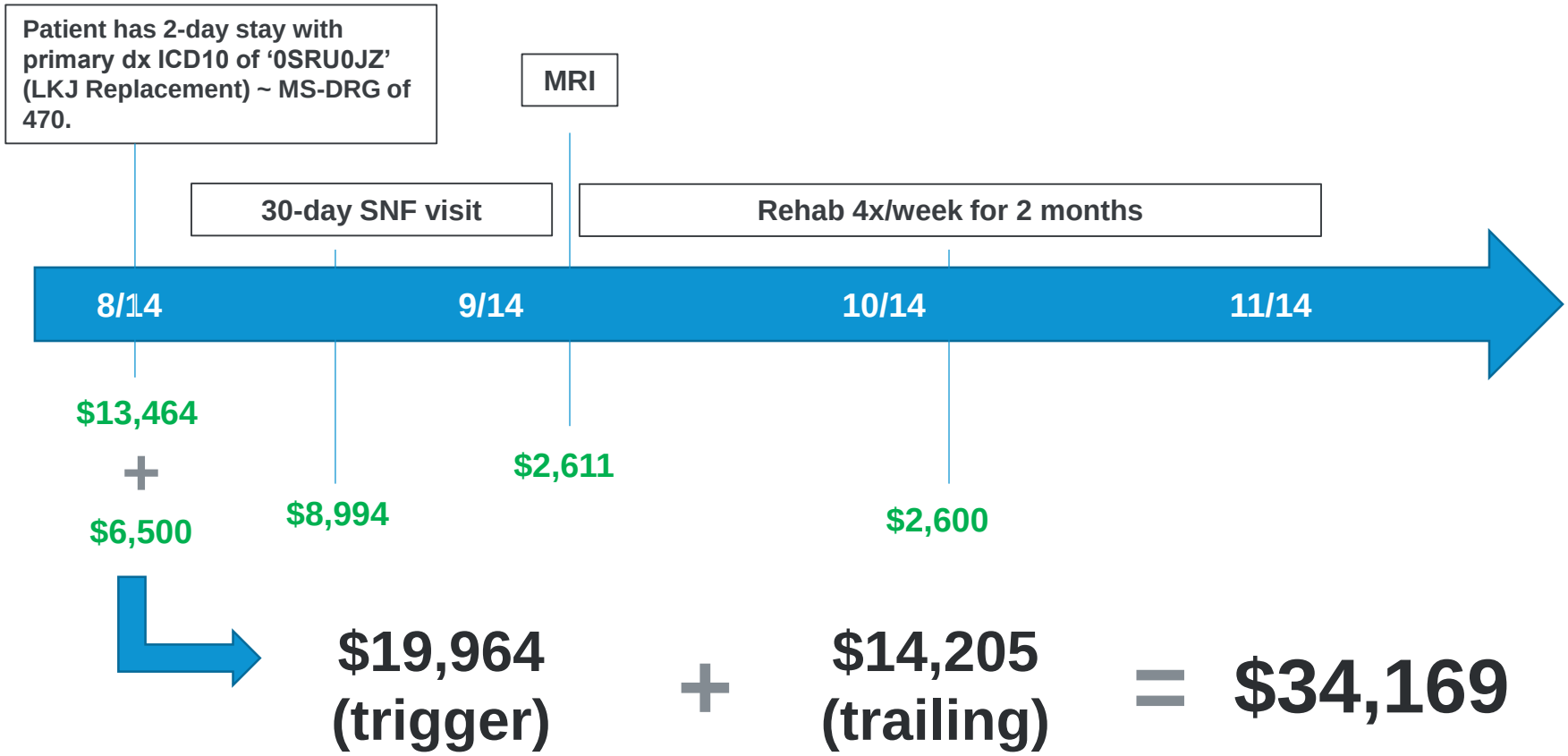
In the fourth performance year of the Medicare Shared Savings Program — 2015 — accountable care organizations generated net savings of $429 million for Medicare and improved quality performance on several different measures, according to data released Thursday by CMS.

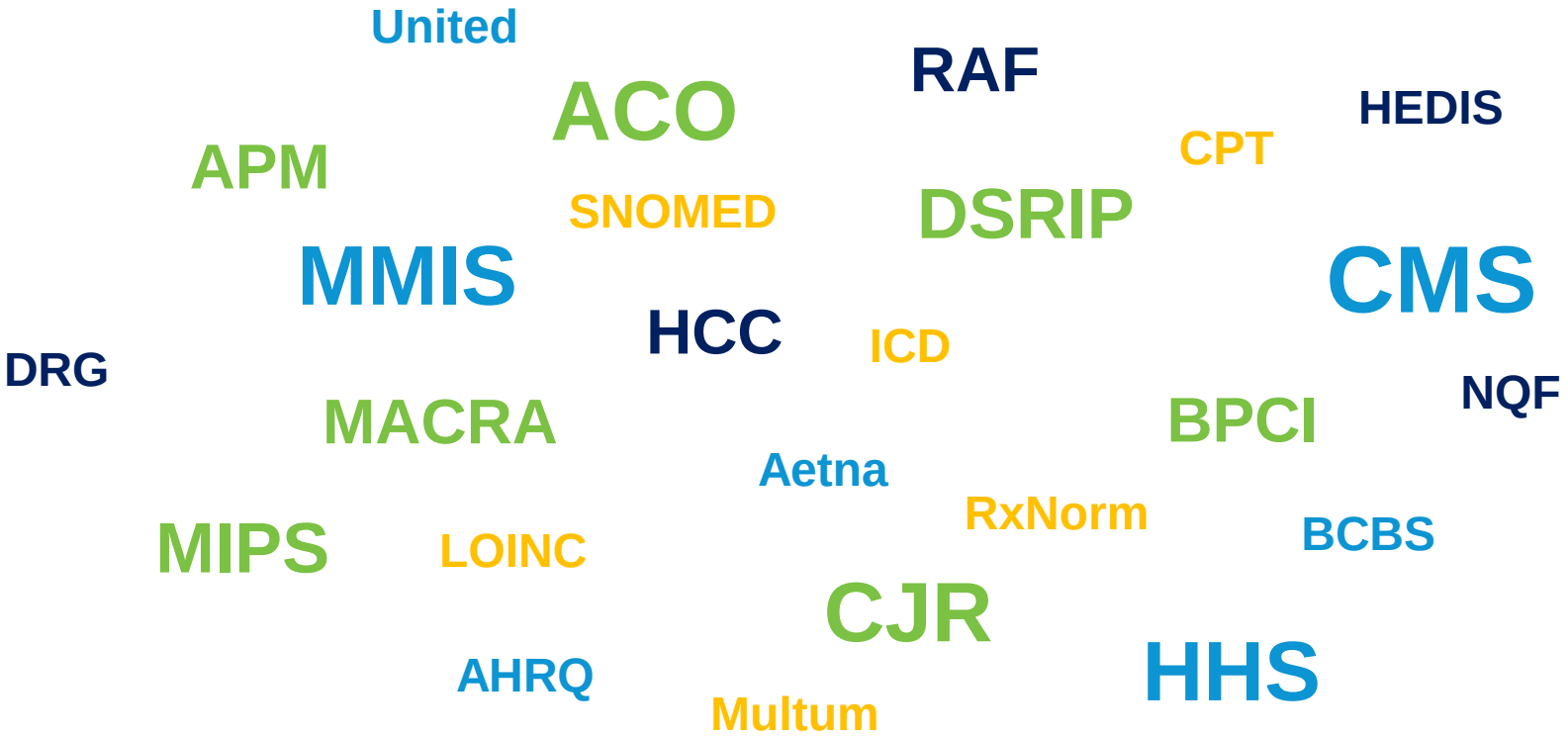
About 30 percent of the 393 ACOs participating in 2015 earned shared savings, marking a steady growth in the proportion of ACOs that have generated shared savings. Many improved in quality, too. In four particular measures, the average quality performance score improved by more than 15 percent: screening for fall risk, depression screening and follow-up, blood pressure screening and follow-up and administering pneumonia vaccinations.

Here are the top 10 ACOs that led the way in shared savings in 2015, all of which are in Track 1 of the program.

1. Memorial Hermann ACO (Houston) — $41,912,527
2. Palm Beach ACO (Palm Springs, Fla.) — $36,834,657
3. Advocate Physician Partners Accountable Care (Rolling Meadows, Ill.) — $33,537,591
4. Millennium Accountable Care Organization (Fort Myers, Fla.) — $17,636,121
5. Atlantic ACO (Morristown, N.J.) — $16,719,376
6. Cleveland Clinic Medicare ACO — $16,614,051
7. Hackensack (N.J.) Alliance ACO —$15,640,878
8. UT Southwestern Accountable Care Network (Dallas) — $14,188,861
9. Orange Accountable Care of South Florida (Miami Lakes, Fla.) — $13,442,691
10. RGV ACO Health Providers (Donna, Texas) — $12,619,152

Bundled Payments





How do providers keep track?

Ok, is this patient on Medicare, Aetna, or Anthem? What measures do they have to meet?

How Do Providers Feel?

What Makes Us Healthy

What We Spend On Being Healthy

Taken from: http://www.tbf.org/tbf/56/~/media/3A4F43041179488CB0D8D523268FE8F4.pdf

The Next Generation

Business Model Shifts

Reactive Sick Care	→	Proactive Management of Health
Fragmented Care	→	Cross-Continuum System of Care
Reward for Volume	→	Rewarded for Quality, Safety and Efficiency

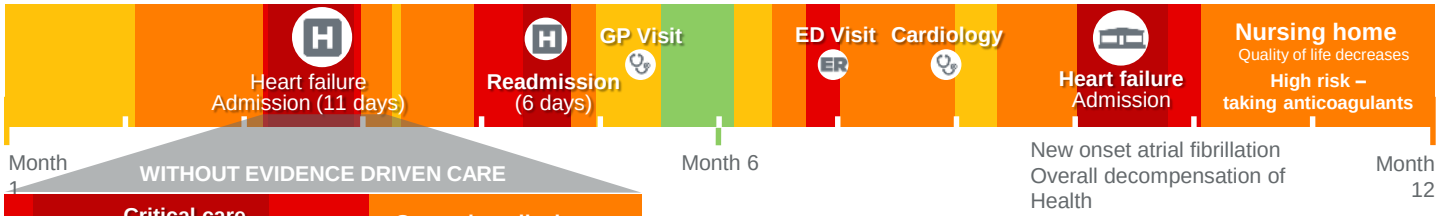
Health IT Shifts

Record	→	Plan
Transaction-Oriented	→	Intelligence-Oriented
Provider Enablement	&	Consumer Enablement

Fragmented and reactive care delivery approach

67-year-old patient with a history of heart failure, poor understanding of disease, poor compliance with diet and medications.

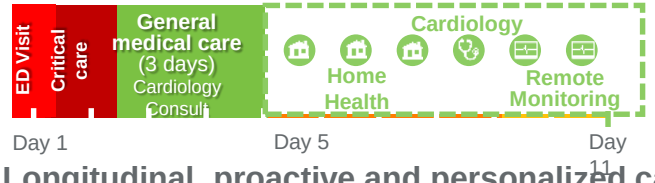
$45,000+
spent in health care costs



WITHOUT EVIDENCE DRIVEN CARE

$24,000+
spent in health care costs

WITH EVIDENCE DRIVEN, COORDINATED CARE



$7,000+
spent in health care costs

Longitudinal, proactive and personalized care delivery approach

67-year old patient with personalized plan for health that includes education, nutrition, maintenance meds, quarterly GP visits and proactive surveillance.

$5,000+
spent in health care costs

Good health — Poor health

TYPICAL CARE

- Paper Clipboards
- Siloed Record
- Prolonged ED Visit
- Heart Failure Order Set
- Redundant Assessments
- Nursing Documentations
- More …

EVIDENCE DRIVEN LONGITUDINAL CARE

Episode of Care

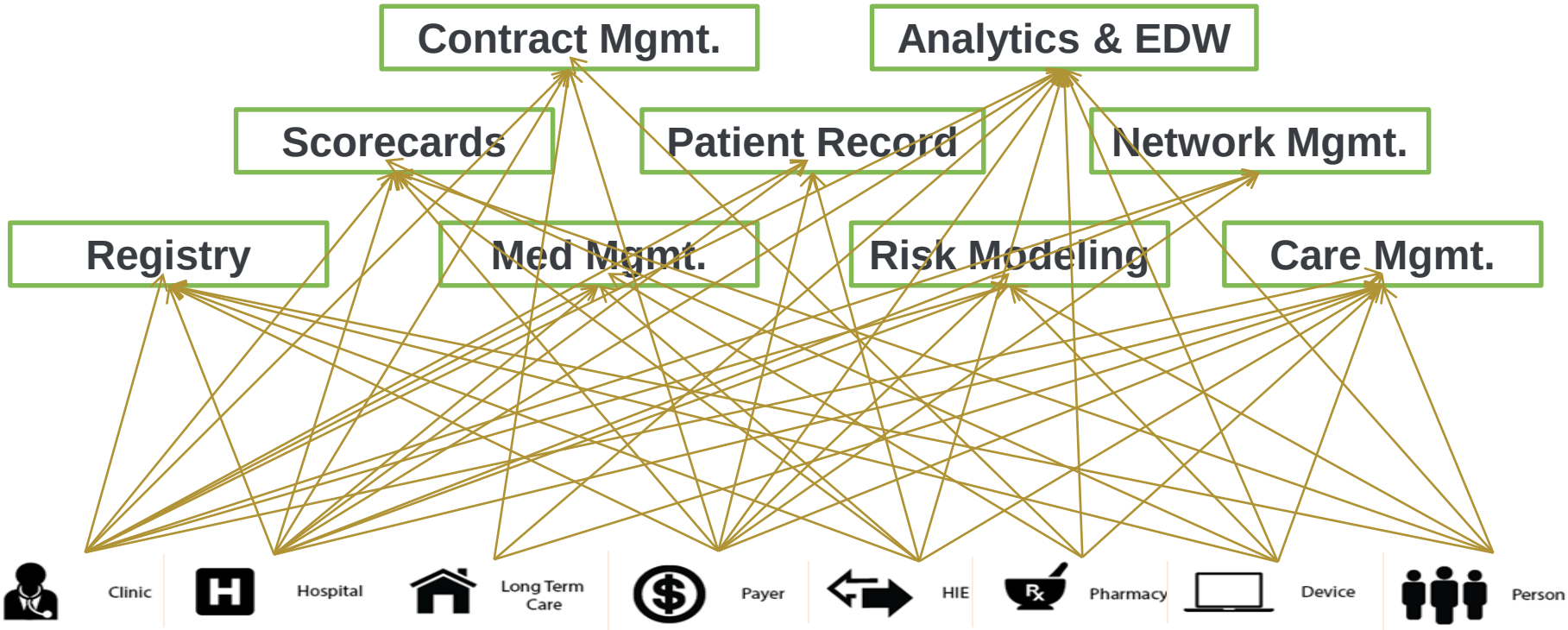
- Care Process Models
- Adaptive Order Sets
- Smart Referrals
- Readmission Risk Prediction
- Transition of Care
- More …

Longitudinal Personalized Care

- HealtheIntent Programs
- Longitudinal Record
- Longitudinal Lifetime Plan
- Proactive physician visits
- Continuous Surveillance
- Admission Risk Prediction
- Medication Adherence
- Shared Decision Making
- More …

Centralized data aggregation

Common Approach to Pop Health Solutions



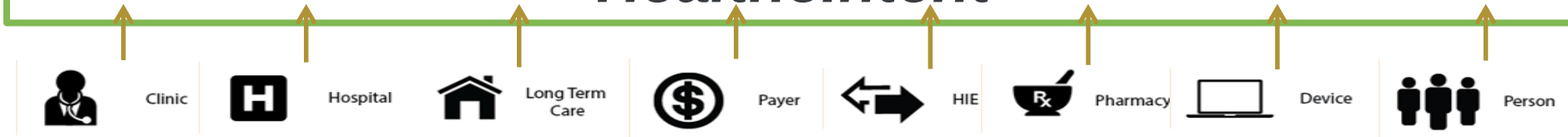
Cerner's Approach

Contract Mgmt. **Analytics & EDW**

Scorecards **Patient Record** **Network Mgmt.**

Registry **Med Mgmt.** **Risk Modeling** **Care Mgmt.**

HealtheIntent



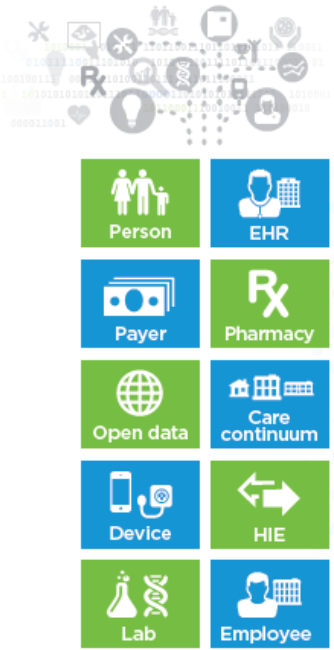
HealtheIntent platform

Aggregate and normalize

Create and apply intelligence

Act and measure

Aggregate and normalize



Create organized, meaningful concepts

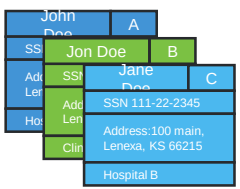
LOINC ICD-10
Medi-Span CPT
NDC ICD-9
MEDCIN

Allergies	Medications
Conditions	Procedures
Immunizations	Visits
Lab results	Vitals

Medications Most recent
Aspirin (Multum d00170) Mar 13, 2016

Medication	Date	Source
aspirin 300 mg oral delayed release tablet	3/24/2014	Westwatch Bay
aspirin 227.6 mg oral gum	10/17/2013	Baseline East
ASA 500 MG Oral Tablet [Bayer Aspirin]	9/23/2013	Westwatch Bay
Aspirin	4/23/2013	Get Well Now
aspirin	2/18/2013	Westwatch Bay
Aspirin	5/14/2012	Baseline East
aspirin 300 mg oral tablet	6/20/2011	Get Well Now

Match persons



Identify like-reference records

SSN First Phone
DOB name Last name
Address Race Alias
Gender Ethnicity

No link | Manual | Auto link

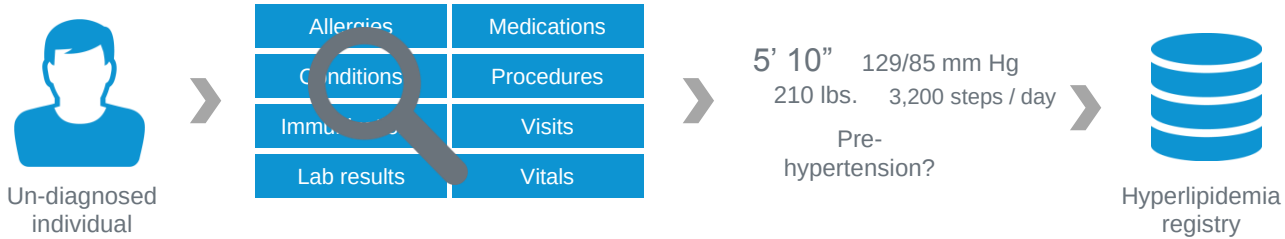
Determine similarity score to confirm records match

EID 2468	
Record ID A	Record ID B
John Doe	Jon Doe
SN 111-22-1234	SN 111-22-1234
DOB 11/30/75	11/30/75
100 Main, Lenexa, KS	100 Main, Lenexa, KS

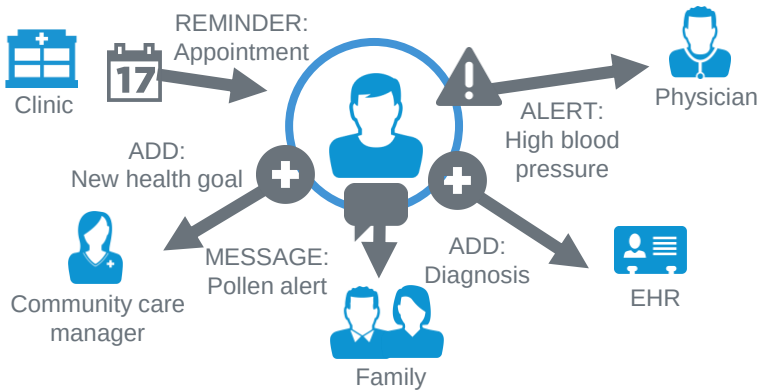
Assign unique EID number to linked records

Create and apply intelligence

Infer new knowledge



Measure, monitor and predict health status



Act and measure

Longitudinal record

Registries and scorecards

Community care management

Enterprise data warehouse

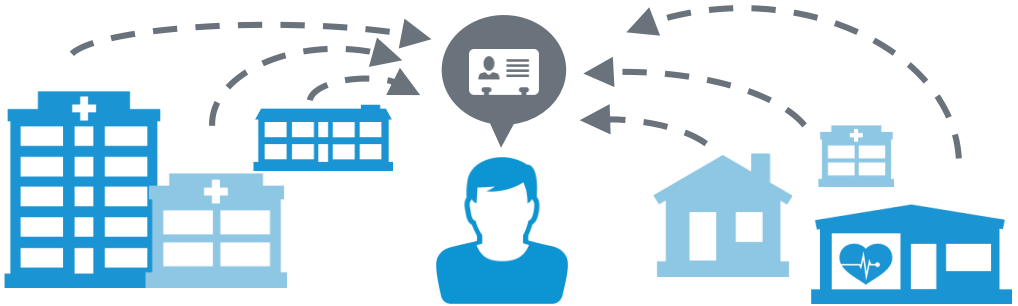
Referral and network management*

Contract management*

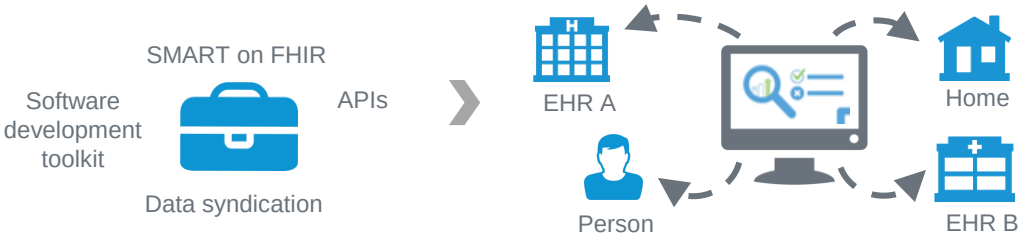
Consumer relationship management*

**Future planned solutions.*

Access record and plan anywhere, anytime



Create ecosystem of innovation



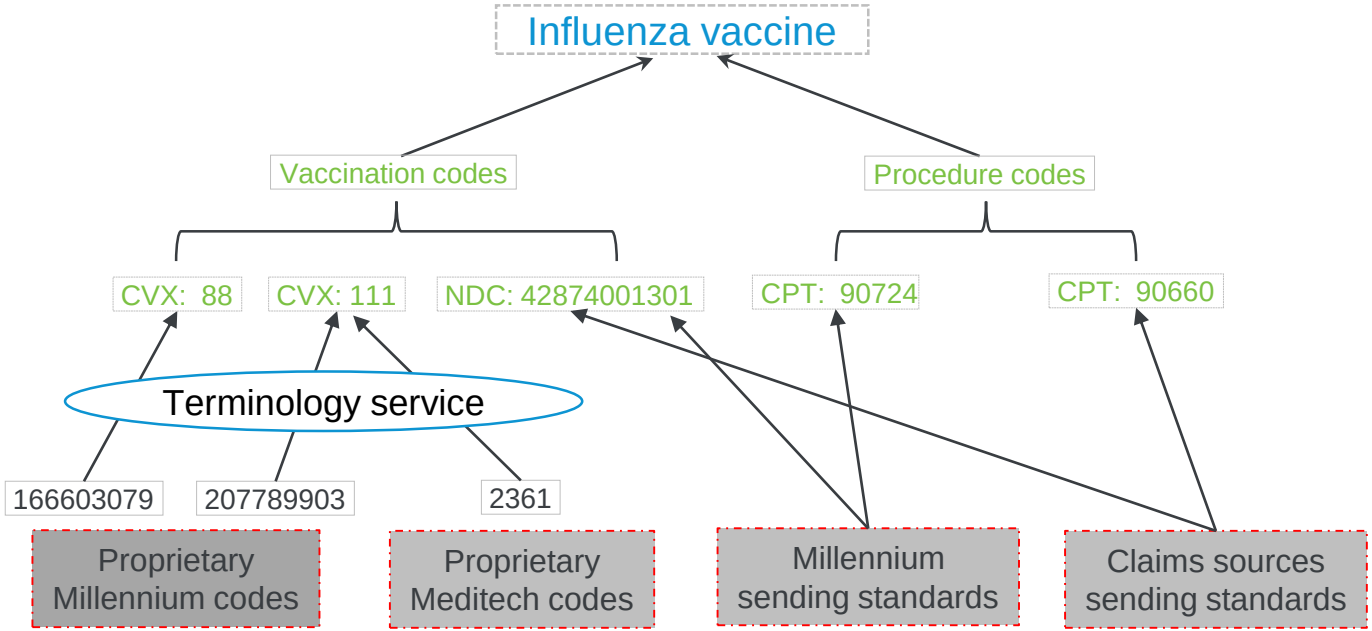
Standardize - proprietary code standardization

- Match proprietary data to standard clinical terminology codes
- Allows data to be recognized and utilized in algorithms and reporting
- Clinical experts review proprietary codes and assign industry standards

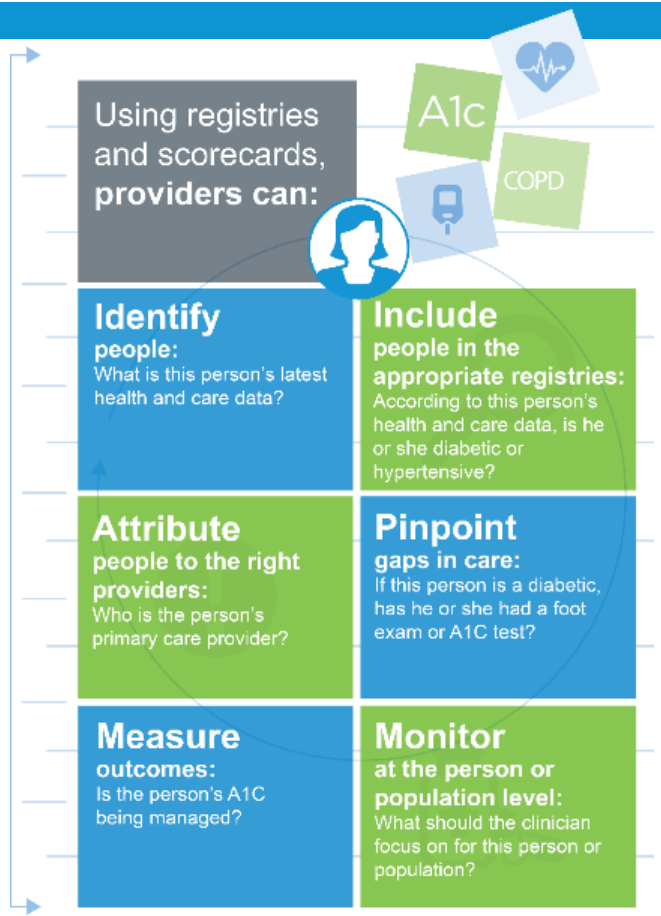
- Medical Laboratory Scientists
- Registered Nurses
- PharmDs
- Pharmacy Technicians

Normalize - creating the concept

- *Concept* – a grouping of standards terminology codes that are being treated semantically equivalent
- *Context* – a grouping of concepts for a particular purpose



Registries and scorecards: HealtheRegistries



- Identifies a population for registries and appropriate measures
- Provides visibility to the quality measures for the provider's population and performance
- Produces client-defined, performance scorecards at specific or rollup levels
- Provides executive dashboards with drill-down capabilities

HealtheRegistries: available registries

Cerner registries

Chronic disease
- Atrial fibrillation
- Asthma
- COPD
- Depression
- Diabetes
- Heart failure
- Hepatitis C
- Hyperlipidemia
- Hypertension
- IVD/CAD
- Kidney disease
- Rheumatoid arthritis

Pediatric chronic disease
- Asthma
- Cardiomyopathy
- Diabetes
- Epilepsy
- Inflammatory bowel disease

Cancer
- Breast cancer
- Colon cancer
- Leukemia
- Prostate
- Myelodysplastic syndrome

Acute conditions
- Ambulatory urgent care
- Back pain

Wellness
- Adult wellness
- Adolescent wellness
- Childhood wellness
- Comprehensive adult wellness
- Maternity health
- Pediatric wellness
- Senior wellness

UK registries
- COPD
- Pediatric Diabetes
- Adult Diabetes
- Pediatric Asthma
- Adult Asthma

Industry registries

ACO registries
- MSSP 2016 quality measures
- MSSP 2016 event-based quality measures

HEDIS-based registries
- Administrative measures
- Event-based measures
- Hybrid measures

Embedded Content to Drive Value

Benchmarks

Hospital General Information
Healthcare Associated Infections
Readmissions, Complications, & Death
Value Based Purchasing Scores
Timely & Effective Care
Outpatient Imaging Efficiency
Relative Value Units
Hospital Acquired Condition
Heart Attack Payment Data
Hospital ACS Measures
Medicare Hospital Spending by Claim
Medicare Volume
Outpatient Procedures Volume
Measure Dates
HCAHPS
Medicare Prescribing Data

Evidence-based Algorithms*

Potentially Preventable Events
MS-DRG Grouper
MDC Grouper
Service Categorizations
Episode Groupers
Benchmarks

Service Categories

MARA Prospective risk score
MARA Retrospective risk score

Emergency Department Visit Classification

HCC Suggested Diagnosis
HCC Persistence Diagnosis
Recommended Transition of Care
Readmission Risk
Sepsis Risk

TCRRV/TCOC

Reference

Social Vulnerability Index

Tract-Zip & Zip-Tract

American Time Use Survey

*Some content requires corresponding Analytics package

277+ *HealtheIntent* data connections and counting

277+ HealtheIntent℠ data connections

*Information is current as of May 2016

Adoption of Cerner's Population Health Platform

DATA VARIETY

360+
total data connections

24
connected EHR systems (Epic, Allscripts...)

39
connected claims & payer vendors

SCALABILITY

32M+
linked disparate records

109 Clients
ACOs, DSRIP, Bundles, APM, Employer

88M Lives

INTELLIGENCE

41
registries;
598+ measures

95%
of records linked using machine intelligence

55
standard terminologies;
1.5M terminology codes grouped

*Information is current as of October 2016

Developing HealtheIntent, creating new technology

Advocate Health Care and Advocate Physician Partners

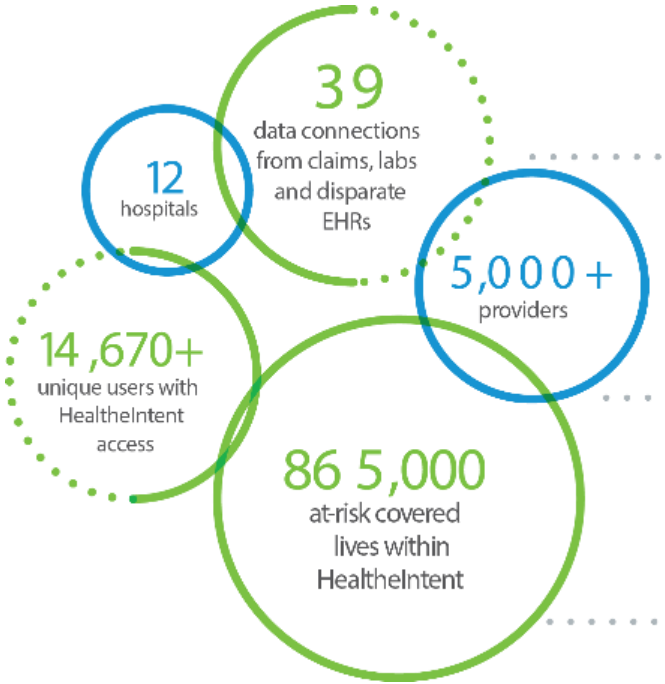
Downer's Grove, Ill. | 3,300 beds | 4,600 physicians

Advocate Health Care

Advocate Physician Partners

Goal

To create the technology infrastructure to enable enterprisewide change



76.5%
asthma control rate
26% above national average

33%
reduction in high-risk medication use

Memorial Hermann's analyzes performance

Understand performance related to cost, quality and utilization

Leveraged measures in registries

Included measures across seven at-risk contracts and payers

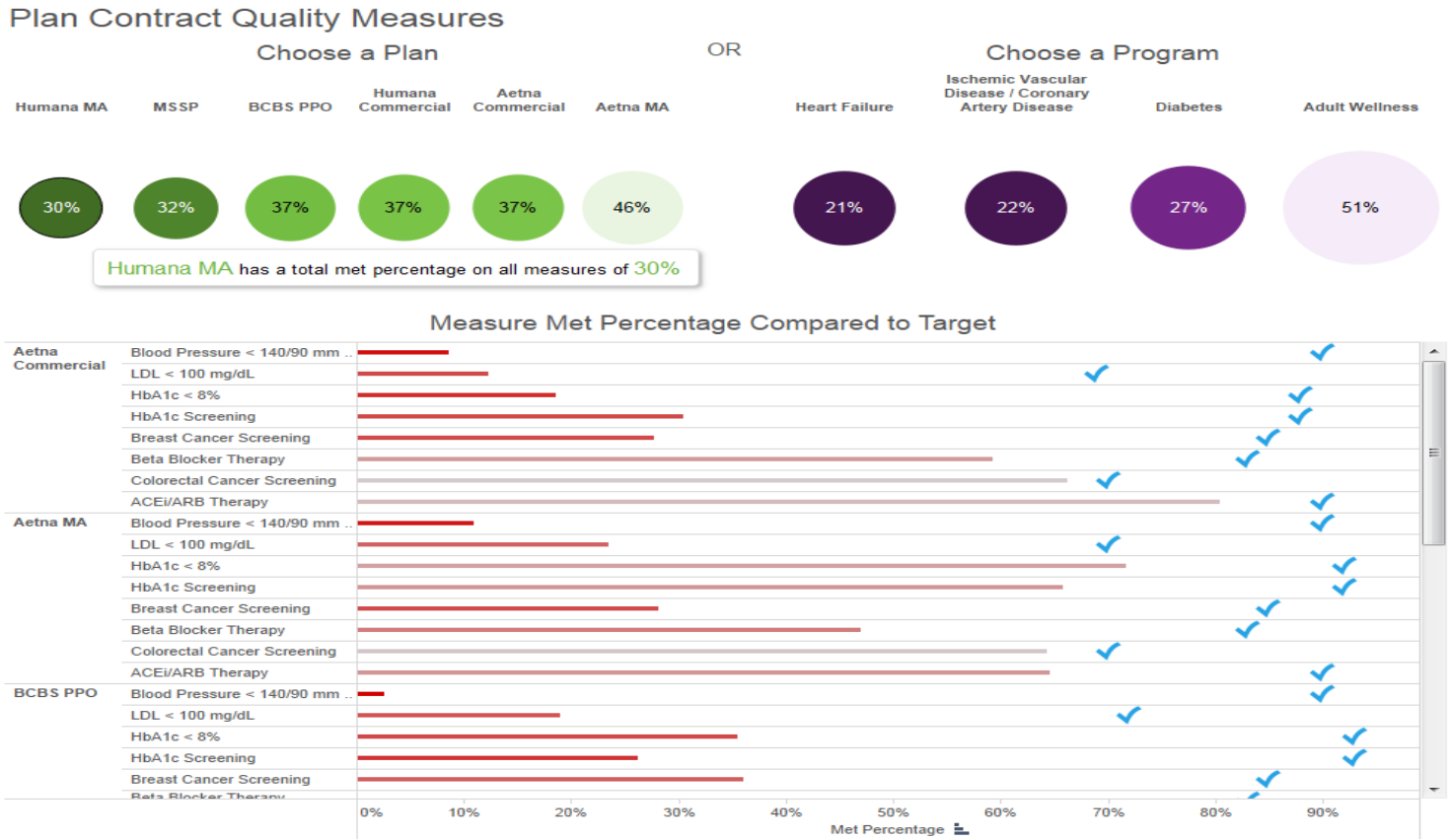
Created initial set of measures, dashboards and analytic experiences

- Network leakage patterns and revenue opportunities
- Performance on value-based contracts
- Provider performance
- Post-acute network utilization

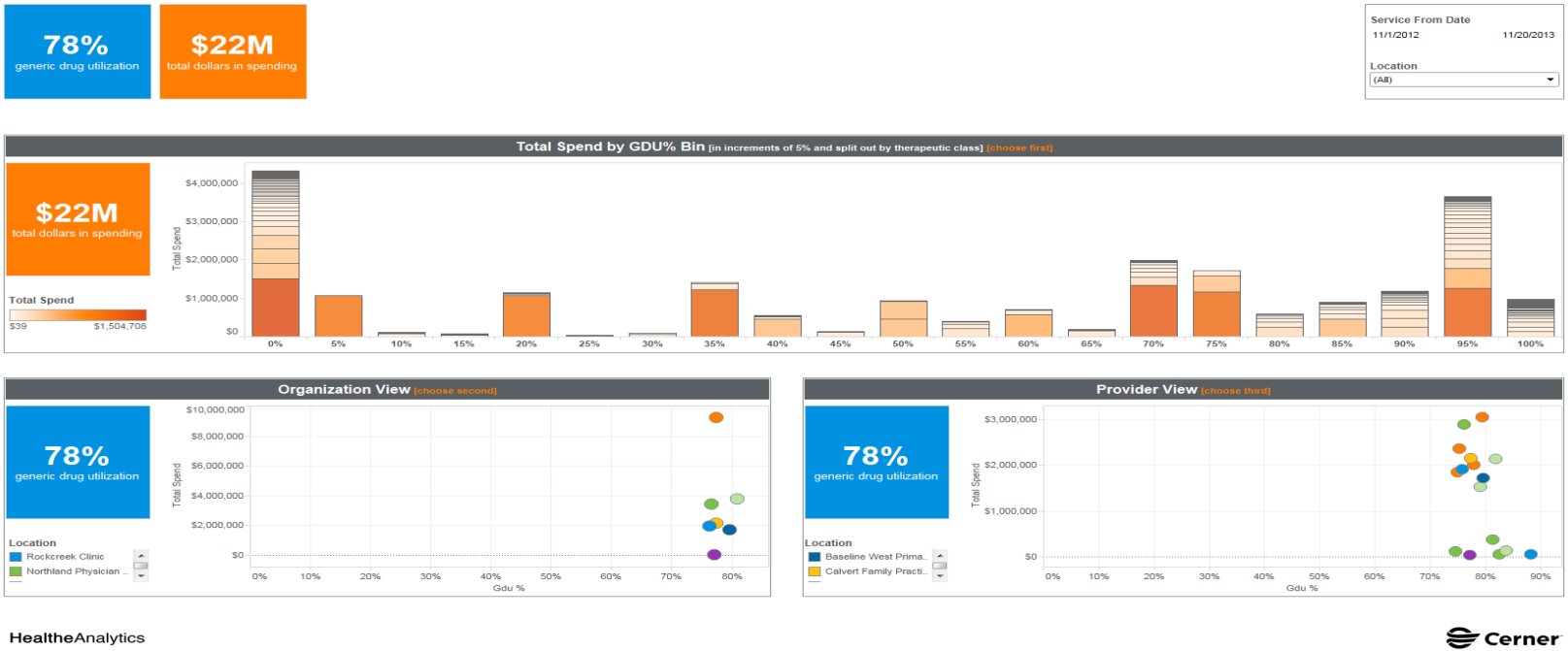
"We never really knew how well we were performing at a population, regional, hospital, practice or provider level…and with HealtheIntent we can. We now have insight that payers do not have."

Amanda Hammel
Vice President, IT Operations and Population Health
Memorial Hermann Health System

Quality Measures



Pharmacy



HealtheAnalytics

Cerner

Avoidable Spend

$1.6M
avoidable total paid charges

$3.7M
total paid charges

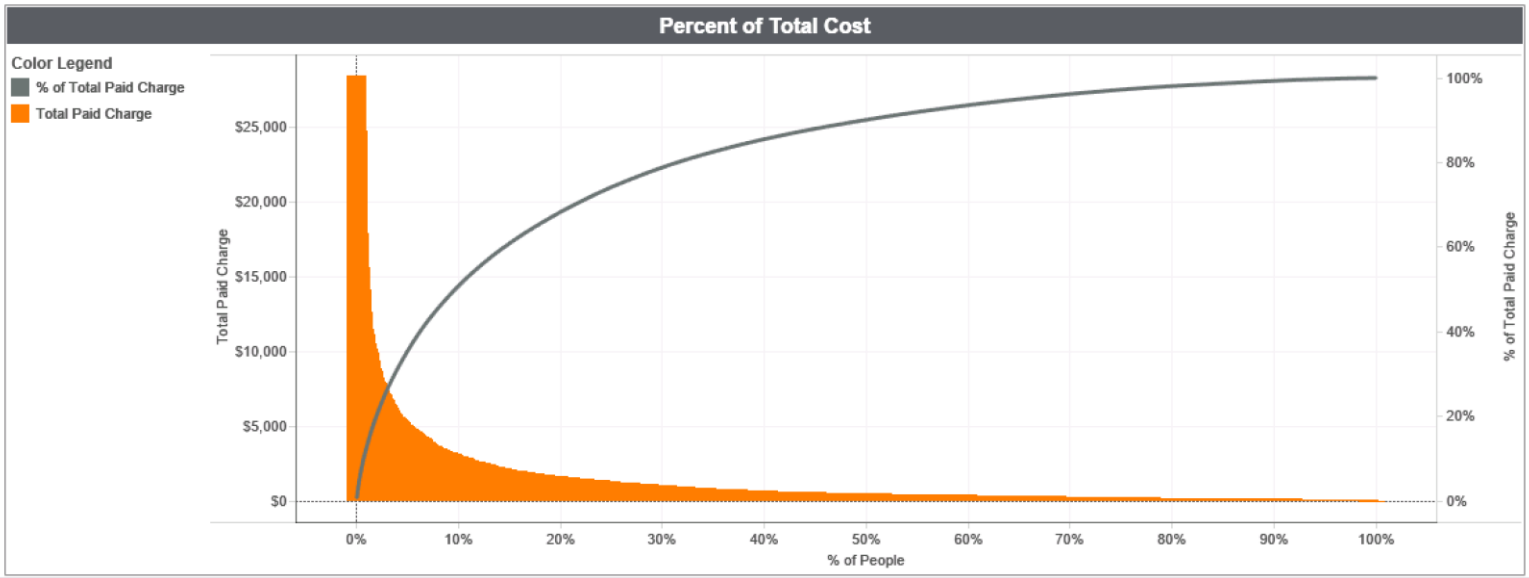
43%
total avoidable percentage

Visit Count Minimum (Provider visual only)
10 144

Service From Date Range
7/1/2015 9/30/2015

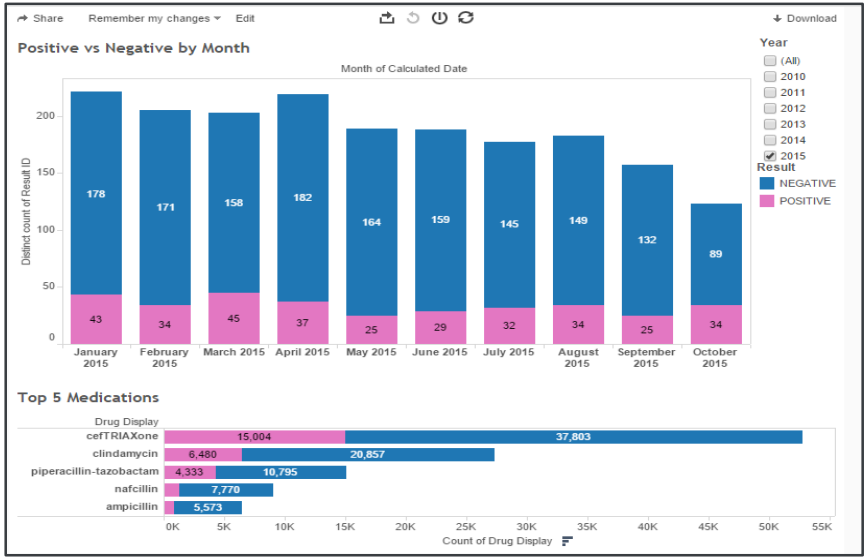
Provider Name
(All)

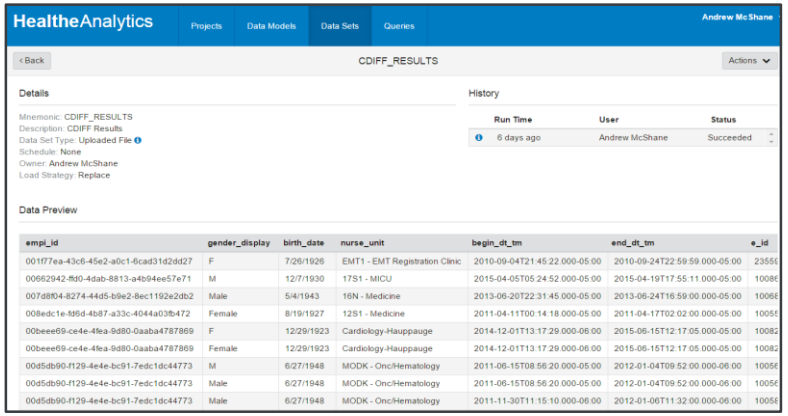
Admitted?
(All)

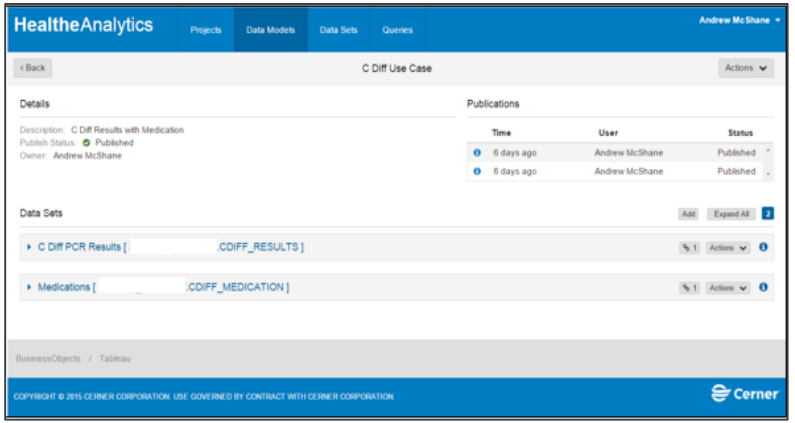


C. diff Reporting

- Visibility to patients with a C. diff results, their antibiotics, and location at the time of the lab
- Through use of EDW Tools, visualizations were turned around within 1 week

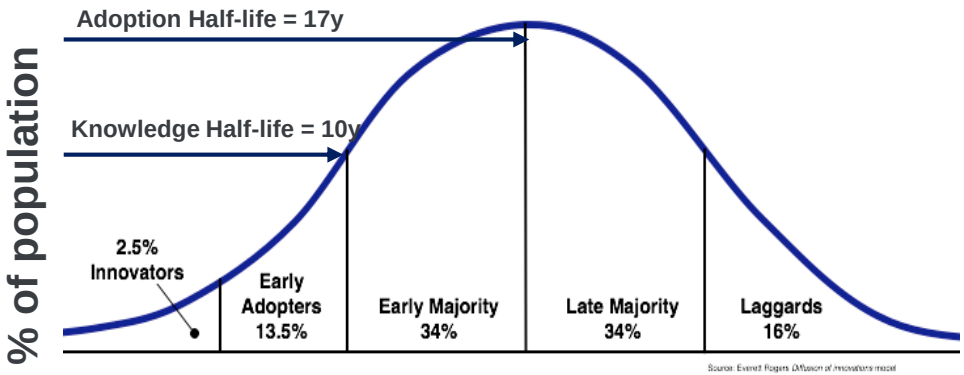






Moving from 17 **years** half life of adoption to 17 **months**

From time new knowledge discovered until ½ of physicians act on that knowledge = 15 - 17 years



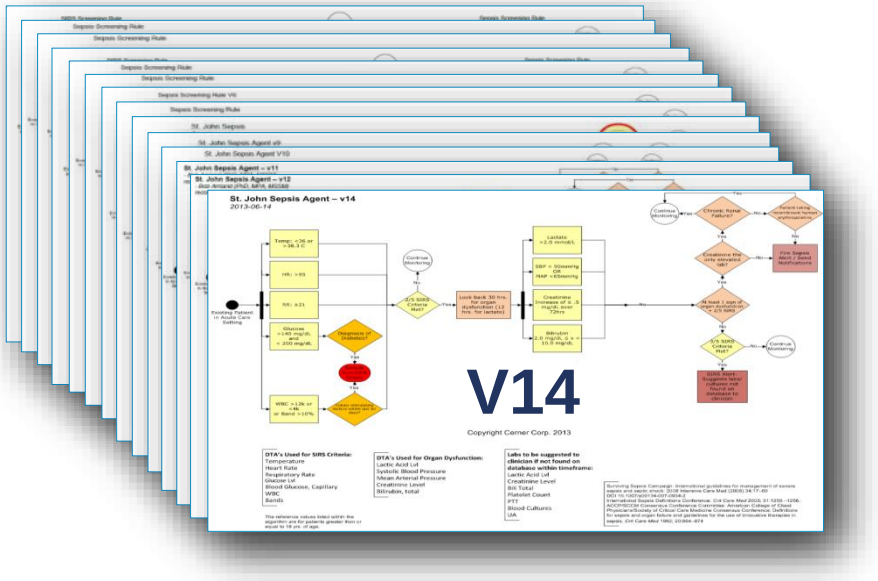
Everett Rogers, Diffusion of Innovations, 1995

Balas, Boren. Managing Clinical Knowledge for Health Care Improvement. Yearbook of Medical Informatics 2000

"Finish medical school and residency knowing everything…read and retain 2 articles every single night…at the end of 1 year you're only 1,225 years behind."

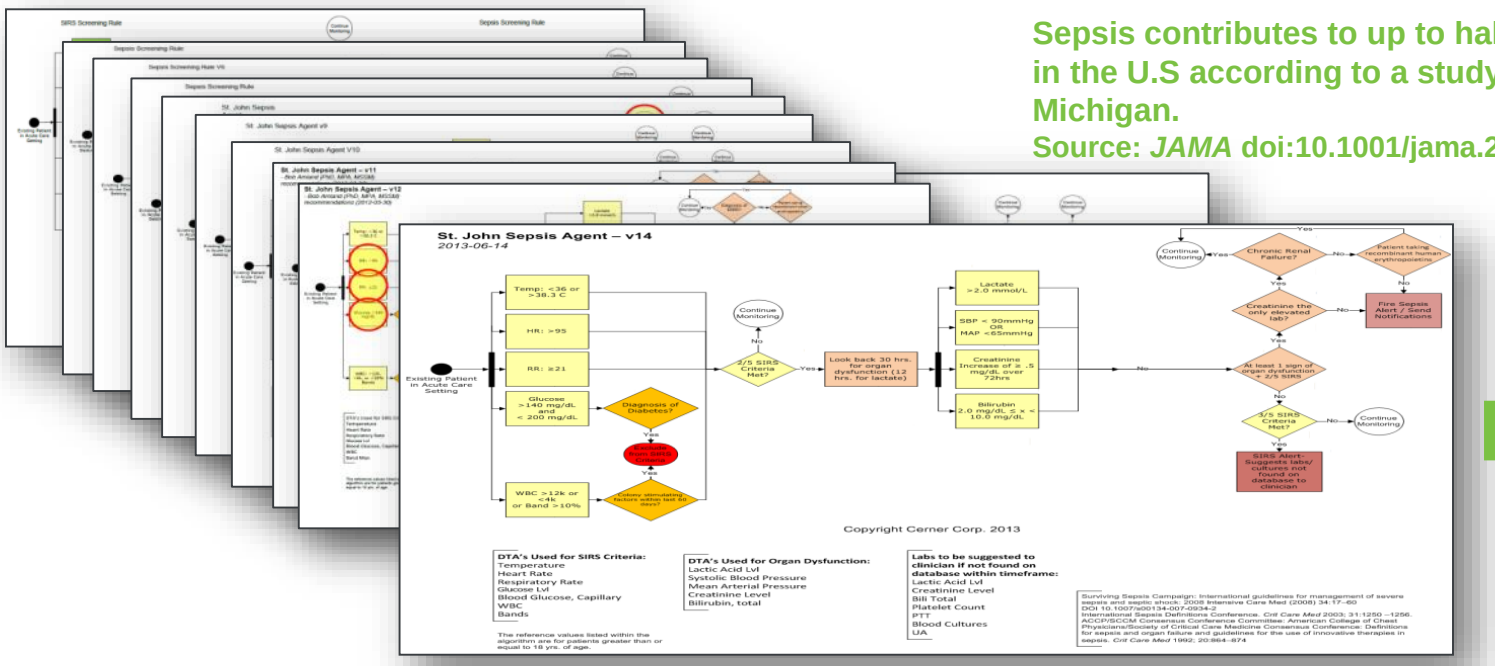
W Stead. JAMIA 2005;12:113-20
Alper BS, Hand JA, Elliott SG, et al.J Med Lib Assoc 2004;92:429-37

From taking existing evidence, discovering new knowledge to broad adoption in 17 months



Cerner sepsis management continuously monitors 1M+ lives per day across 500+ hospitals

Sepsis surveillance



Sepsis contributes to up to half of all hospital deaths in the U.S according to a study by the University of Michigan.
Source: *JAMA* doi:10.1001/jama.2014.5804

Amland RC, Hahn-Cover KE. "Clinical decision support for early recognition of sepsis". American Journal of Medical Quality. November, 10, 2014. DOI: 10.1177/1062860614557636

Monitoring

- Over 490 facilities
- 31,250 alerts received per hour
- 748,250 alerts received per day

Operating Characteristics

- Sensitivity 68-91%
- Specificity 91-97.6%

Advanced Algorithm to Prevent Readmissions

Readmission Risk Factors Analyzed > 700

Please Note: The examples provided are intended to show a representation of the many variables analyzed in the model which is still under development and should not be interpreted as statistically significant predictors for a readmission.

Prediction Models	0-30 Day C-Stats*
Early ACC Model	**0.78**
Previous Model	0.69
Average models reviewed in JAMA[1]	0.66
CMS Models[2]	0.66

Medications
e.g.,
Past & Present Medications, Polypharmacy

Conditions
e.g.,
Past & Present Conditions

History & Physical Exam
e.g.,
Vitals, Body Mass Index, etc.

Procedures
e.g.,
Past & Present Procedures

Utilization
e.g.,
Number of visits past 6 & 12 months, etc.

Lab Tests
e.g.,
Past & Present Lab Results

Demographics & Social
e.g.,
Age, Gender, Race, etc.

30-Day Readmissions

Exploratory
e.g.,
Environmental, Interactions, etc.

* C-Stat is a measure of how accurate the model is

[1] *Kansagra, et al., 2011. Risk prediction models for hospital readmission: a systematic review. JAMA*
[2] *Hospital-Wide All-Cause Unplanned Readmission Measure (HWR). Average c-statistic across specialty cohorts. NQF #1789*

What Makes Us Healthy

10% ACCESS TO CARE

20% GENETICS

20% ENVIRONMENT

50% HEALTHY BEHAVIORS

What We Spend On Being Healthy

4% HEALTHY BEHAVIORS

8% OTHER

88% MEDICAL SERVICES

Thank You!