



Advanced Medicine Integration Group, L.P.

Integrated Chronic Pain Program (ICPP): Summary of Results

AMI of Rhode Island's ongoing Integrated Chronic Pain Program reduced per member per year (PMPY) total average medical costs by 27%, decreased the average number of ER visits by 61%, lowered the number of average total prescriptions by 63% and reduced the average number of opioid scripts by 86% for enrolled Community of Care (CoC) Medicaid members with chronic pain conditions. Client validated, these reductions exceeded by 2 to 3 times those reported for a non-enrolled control group of conventionally managed CoC chronic pain patients. Every \$1 spent on CAM services and AMI program fees resulted in \$2.41 of medical expense savings.

Background

- At the direction of the State of Rhode Island's legislature, AMI contracted with two health plans to identify and manage their Medicaid eligible members suffering from chronic pain through AMI's Integrated Chronic Pain Program (ICPP).
- The target Medicaid population for this program is the Community of Care (CoC) segment, high utilizers of ER visits and opioids/pharmaceuticals. In addition to chronic pain conditions, these members have significant economic challenges as well as bio-psycho-social disorders.
- The objectives of the ICPP are to reduce pain levels (and opioid use), improve function and overall health outcomes, reduce emergency room costs, and through a holistic approach and behavioral change models, educate members in self-care and accountability.
- The design of the program for this patient population features holistic nurse case management with directed use of patient education, community services and CAM modalities including massage, acupuncture and chiropractic treatments.
- Individuals with chronic pain conditions are identified using AMI's proprietary predictive modeling algorithms applied to paid claims data to determine opportunity for reducing chronic pain related utilization and costs.
- **Based upon AMI's performance to date and confident in our ability to deliver similar savings results for all payers, AMI is offering to conduct an opportunity analysis for any interested organization at its own expense.**

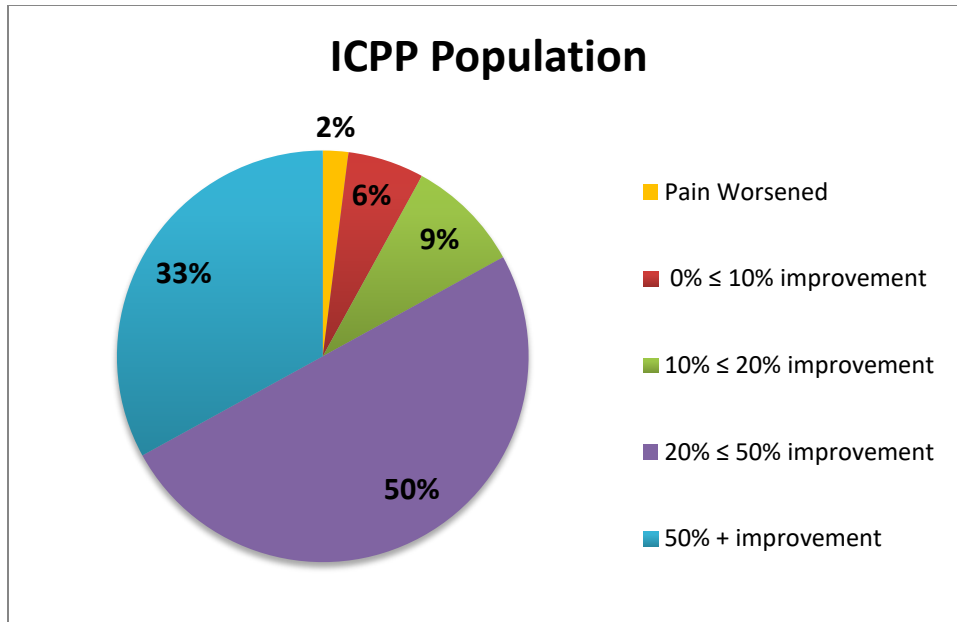
Results

- Please see the chart below. Per member per month (PMPM) health care expenses, by category, for those members enrolled in the ICPP versus those members who were referred, but not enrolled. Both the members engaged in the ICPP and the control group has compared data at 12 months pre-referral and 12 months post-referral.

Chronic Pain Population (PMPY)	Average Total Claims	Average # ER Visits	Average # RX Scripts	Average # Opioid Scripts
Total for members with at least 24 months of claims data	\$18,775.61	7.31	67.96	7.42

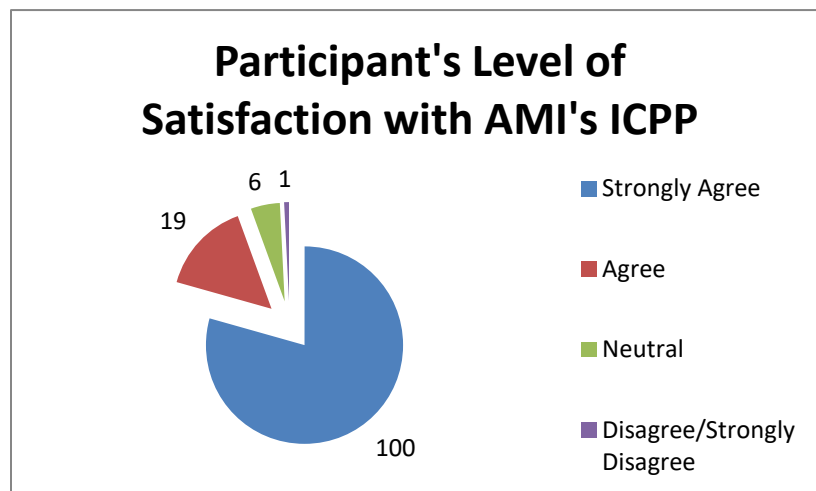
AMI Data (PMPY)	Average Total Claims	Average # ER Visits	Average # RX Scripts	Average # Opioid Scripts
Engaged Members in AMI's ICPP (CAM Expense Included)	\$13,655.48	2.88	25.06	1.06
Percentage Changes for Above Data	-27%	-61%	-63%	-86%
Non-Engaged Members (Control Group)	\$18,765.50	5.66	46.99	4.18
Percentage Changes for Above Data	0%	-22%	-31%	-44%
Savings PMPY (as compared between Engaged Members and Control Group)	\$5,110.02	2.78	21.93	3.12

- The program demonstrated a positive influence on members by **improving physical and mental function, reducing pain, fatigue, and depression.**
- Pain levels measured on a pre and post treatment basis improved by an average of 42%** based on a study of 345 patients with an average of 11 encounters/visits per year. A breakdown is presented in the chart below:

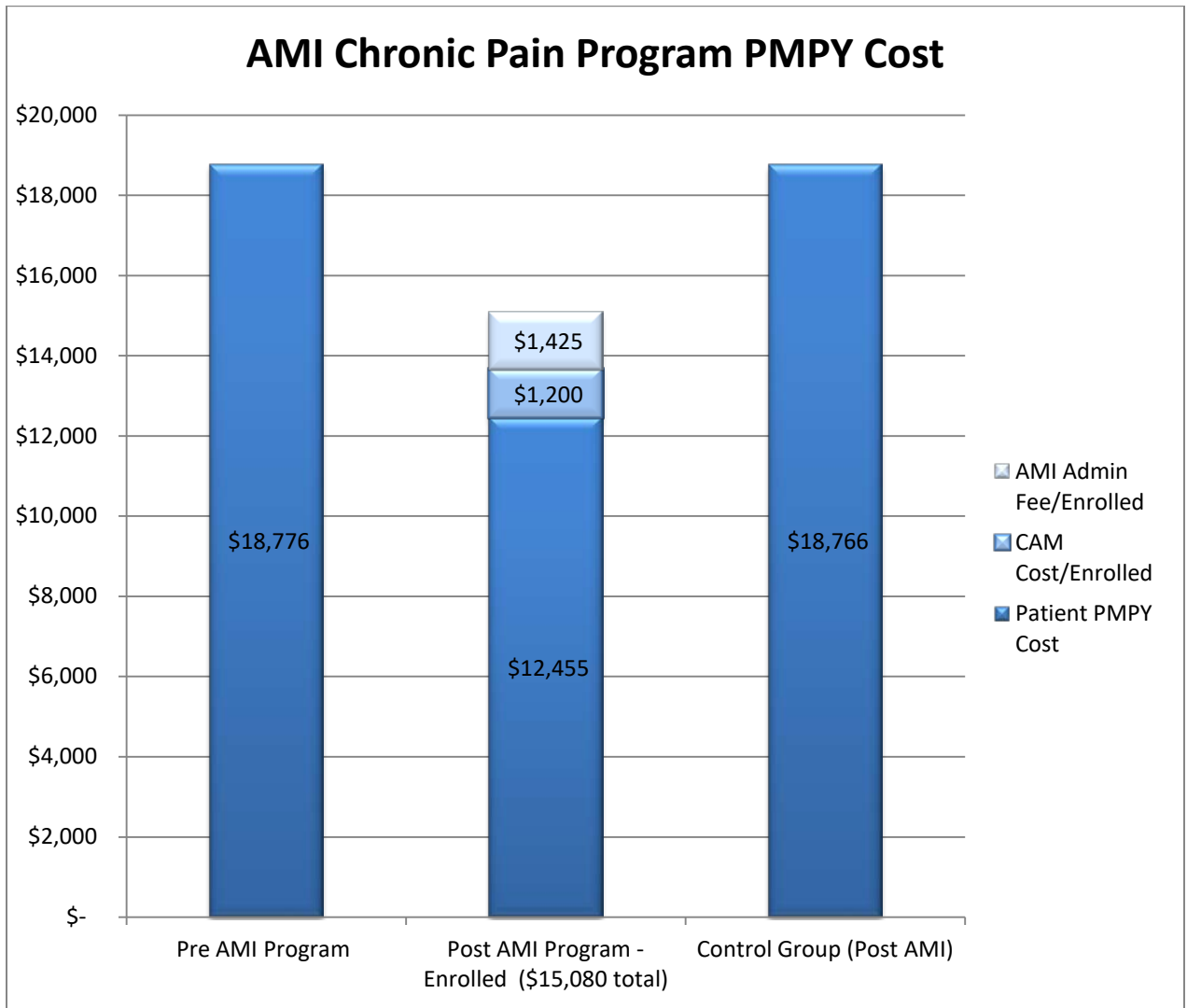


- A Patient Satisfaction Survey conducted by an independent third party revealed the following results:
 - 92% Agree or Strongly Agree their CAM provider reduced their pain level.
 - 82% believe the quality of daily life has improved by participating.
 - 96% would recommend the program to friends or family suffering from chronic pain or fatigue.

- Under this same study, 126 people were asked if they were satisfied with AMI's ICPP. Here are those results:



- AMI only receives compensation for those patients actively engaged in the ICPP. There is no economic risk to the client as AMI places 100% of its administrative fee at risk based on program savings. In its 20 year history of managing at risk programs, AMI has met or exceeded its performance and savings targets for every client and has never had to refund a single dollar of administrative fees.



- The chart above is a side by side comparison of total paid claims costs for CoC members identified with chronic pain conditions prior to enrolling in the ICPP (Column 1), post enrollment and participation in the ICPP (Column 2), and non-enrolled in the ICPP/conventionally managed (Column 3) during the same measurement period.
- **Please note:** Paid claims totals in Columns 1 & 3 include paid claims data ONLY and do not include client administrative fees; the paid claim total in Column 2 includes the cost of CAM services AND AMI administrative fees.

Physical Medicine Quality Initiatives

- The Physical Medicine Quality Initiatives are supported by AMI’s proprietary web-enabled analytics engine **IMDIS®** (*Integrated Medical Data Information System®*).
- Evaluating point-of-service data collected from patients, network providers and payers, IMDIS® calculates the resulting patient and provider specific outcomes in real time and compares them to recommended standards established by the Occupational Disability Guidelines (ODG) and the Council on Chiropractic Guidelines for Practice Parameters (CCGPP).
- Through detailed provider performance reporting capabilities, on-line access to physical medicine guidelines, best practices and other quality improvement tools, AMI programs facilitate positive, non-punitive provider behavior change.
- In addition to tracking therapies against best practices, IMDIS® also includes an optional component to provide health plans with a customizable preauthorization feature.
- AMI manages a Physical Medicine Quality Initiative for a multi-state plan client with the following results over a ten year period:

