FISCAL YEAR 2019

STATE OF THE CLINIC VALUE REPORT

Piedmont CLINIC

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CONNECT. TRANSFORM. ADVANCE.
The Game Plan for Success.

As you all know, there have been a lot of changes happening both nationally and locally that impact the healthcare industry. These changes will affect not only on how the industry works, but also how we relate to those changes.

Though there have been many shifts in our industry, the Piedmont Clinic leadership team is confident in our current strategy and will continue moving forward. We are well-positioned in the marketplace, and our ongoing strategy as the largest clinically integrated network in Georgia remains relatively unchanged. We will continue our approach of driving quality and safety, managing costs, organizing the network and providing evidence-based medicine.

The Piedmont Clinic has made consistent, positive progress in FY2019. We have managed our total costs, advanced evidence-based medicine and improved our metrics. We are willing to be held accountable to the principles driving trends in cost and quality.

We have been successful at managing costs for employees and have positive relationships with payors. We will continue to grow the number of lives we cover and manage their care below trend costs with higher quality outcomes.

CONNECT.
Piedmont Clinic has grown significantly this year. We are proud of the work we have done as we moved into new markets and organized this substantial growth. In building our network, the goal is to keep patients within our system throughout their care delivery to improve quality and cost-efficiency. As a clinically integrated network, we are committed to connecting the patients with the physicians and care they need.

A key accomplishment in FY2019 has been accelerating our network connections by optimizing tools and technology that connect physician practices through referral management. We are prioritizing patient navigation and referral management inside the system and will continue to roll out this work over the coming years.

As our organization continues to grow, we encourage Clinic members to connect with other physicians in the network through the Value & Vision Summit, regional events and leadership opportunities like Clinical Governance Councils (CGCs).

TRANSFORM.
One of our most exciting accomplishments in FY2019 was the establishment of our Clinical Governance Councils. To launch such a complex structure in only a year is a considerable achievement.

The CGCs will be a central part of our clinical management, placing the governance of the Clinic in the hands of the physicians who provide the care. They provide a way for physicians to work together to determine initiatives that can change or improve care throughout the system and then implement those changes.

ADVANCE.
Over the past year, we have prioritized using technology and making the changes necessary to move the organization forward. From the Piedmont Now app to online scheduling to MyChart in Epic, the Clinic is providing advanced technology to be a leading-edge network that improves patient access to care.

We are pleased that this year, the Clinic continued its mission to drive clinical best practices and deliver cost-efficient, high-quality care to the marketplace. We're excited to have you as part of our membership and look forward to our continued work together.

Sincerely,

Christopher Lloyd
President, Piedmont Clinic

PIEDMONT CLINIC'S STRATEGIC DIRECTION - Our Vision and Values

As the largest clinically integrated network in Georgia, it is essential that we harness our size and build on Piedmont's legacy of patient-centered care to provide quality, safety and service to all patients across the system.

The Piedmont Clinic is a vehicle for individual practitioners to increase their quality because we are organized, disciplined, efficient and focused on a shared mission: providing high-quality healthcare to each community we serve. With our common vision and values, we are in a leadership position in medicine in the state and community.

Kevin Brown, President and CEO of Piedmont Healthcare with Archie Roberts, M.D.

From establishing handwashing guidelines years ago to building our Clinical Governance Councils (CGCs) more recently, we have laid the groundwork to bring high-quality care to all Piedmont patients in our network.

The Clinic is the "front door" to the Piedmont Healthcare system for many patients. Their experience often starts with primary care, as it is the most common entry point to our organization. Piedmont's primary care practices provide comprehensive care close to home and connect patients with specialty services throughout the Piedmont Healthcare system, like cancer, heart and transplant care.

THE ROLE OF PHYSICIANS IN PIEDMONT CLINIC'S STRATEGIC DIRECTION
Piedmont Healthcare was founded by physicians, and the Piedmont Clinic continues that tradition with physicians in leadership roles on our board of directors and our Clinical Governance Councils (CGCs).

One of our greatest achievements this past year is launching the CGCs. Our CGCs are shaping pathways for six different specialties, and we plan to launch CGCs for additional specialties in the future.

These task forces have broad representation from across the system and are an excellent way to bring together physicians who want to provide the next level of evidence-based care across the Piedmont Clinic.

One of the values of membership in the Piedmont Clinic is that you have input and leadership opportunities. Our Clinical Governance Councils allow Clinic physicians to have a seat at the table. If you want to get involved, we encourage you to serve on a task force in your specialty to voice your concerns and give your input. We need your involvement. If you want to control your destiny and your future in medicine, this is an opportunity to do so.

ALIGNMENT THROUGH COMMUNICATION
Our responsibility as Clinic leadership is to communicate and create transparency to align and engage our colleagues. As the largest clinically integrated network in the state, we must speak with one voice and model one behavior: delivering care to our patients with a focus on quality, safety and service.

A challenge of being the largest clinically integrated network in Georgia is to clearly and frequently communicate our vision to all of our physician members. We will dedicate much effort in the coming year to developing communication strategies that reach all members across the state to keep them abreast of new developments.

We encourage you to connect with your Piedmont Clinic colleagues, get involved with a Clinical Governance Council in your specialty and stay engaged with our communications throughout the year. It is with your involvement and support that we can move forward with our strategic vision and meet our short-term and long-term goals of quality, safety and service.

With gratitude,

Archie Roberts, M.D.
Chairman, Piedmont Clinic Board of Directors

Jeffrey Shapiro, M.D.
Vice Chairman, Piedmont Clinic Board of Directors

CLINICAL GOVERNANCE COUNCILS

Changing Our Approach to Improving Care

As Piedmont continues to grow – adding providers, their expertise, and patients– our Board of Directors remains committed to improving the quality of care we provide as well as ensuring that care is consistent across our network. With these goals in mind, we launched Clinical Governance Councils (CGCs) in 2018. Our first CGCs have been focused on primary care, neuroscience, pulmonology, oncology and orthopedics.

The CGCs represent a new approach that allows Piedmont Clinic physicians to define how care is delivered across our health system. They provide us with a unique opportunity to come together as a network to develop a unified approach to providing care that is safe, efficient and of the highest quality.

By bringing independent and employed physicians together who represent the many geographic areas we serve, the CGCs work together to leverage the experience and expertise in ways that strengthen our entire physician network. The CGCs have also identified opportunities to work together on interdisciplinary initiatives in order to improve patient outcomes. Despite our geographic challenges, we are pleased that we have experienced a 90% attendance rate at the CGC meetings. From establishing best practices to identifying new ways to reach our clinical goals, they will work to ensure that we have a unified approach to care delivery across the system.

Katie Lund
Executive Director of Value Based Care

NEUROSCIENCES CGC

Led by **Michele Johnson, M.D. (Piedmont Atlanta)** and **Brannon Morris, M.D. (Piedmont Athens),** the neurosciences CGC launched in September 2018 with both employed and independent physicians representing both neurology and neurosurgery. They identified six priorities in these two disciplines and launched task forces on the following topics.

STROKE TASK FORCE

In the United States, a stroke occurs every 40 seconds and someone dies from a stroke every four minutes. The task force is working to standardize care delivery at Piedmont Healthcare to help ensure that patients who have suffered from a stroke receive the best care possible.

OBJECTIVES

- Creating a system stroke scorecard to monitor the quality of stroke programs and promote performance improvement
- Making a plan for DNV Stroke Certification for all Piedmont facilities to ensure adherence to best practice and continuous improvement

TELESTROKE TASK FORCE

Limited specialized expertise and geographic limitations create major barriers that often delay care management of acute ischemic strokes, especially in remote and rural areas. By standardizing the way Piedmont cares for stroke patients through telestroke technology, the CGC is working to improve care.

OBJECTIVES

- Standardizing the acute stroke care delivery via telestroke technology
- Creating a standard QA process for Piedmont facilities, physicians and nursing staff who use telestroke technology to ensure competency and equipment readiness

NIH STROKE SCALE

The NIH Stroke Scale is an evidence-based clinical tool that providers can use to objectively quantify the impairment caused by stroke. The CGC has determined that all providers who treat stroke patients should receive certification in the use of the NIH Stroke Scale to ensure that our stroke patients receive the highest quality care.

OBJECTIVES

- Developing an education plan for all necessary providers to be certified to perform NIHSS
- Creating a standardized process for NIHSS documentation in Epic
- Monitoring and improving documentation of NIHSS and subsequent coding

NEUROSURGERY QUALITY MEASURE IMPROVEMENT

Evaluating quality metrics across the system is one of our best insights into ways to improve quality and safety for our patients. By taking a standardized approach to measuring best practice performance, we are able to ensure that Piedmont neurosurgery provides efficient, effective and high-quality care.

OBJECTIVES

- Identifying spine surgery quality metrics that promote best practice performance and improvement
- Creating a comprehensive spine surgery quality improvement dashboard
- Creating a process for reviewing spine surgery cases with PSIs and/or HACs

NEUROSURGERY CODING AND DOCUMENTATION IMPROVEMENT

Accurate documentation is a cornerstone of quality. It supports higher quality and safer patient care through improved clinical communication, helps us identify comorbidities and mitigate possible complications, and is foundational to mining our data for opportunities for higher quality and safer care.

OBJECTIVES

- Collaborating with Revenue Cycle and the CDI team to understand coding resources and processes across the Piedmont hospitals
- Working with ModusOne to identify specific coding and documentation opportunities related to spine surgery

SPINE SUB-COMMITTEE

Spine surgery straddles both orthopedic and neurosurgical specialties, but we currently do not have a forum for collaboration between these two specialties. By creating a spine surgery sub-committee, we will be able to monitor system-wide quality metrics, push forward quality priorities for spine surgery, and work towards a more standardized and efficient supply chain.

OBJECTIVE

- Establishing a joint neuroscience and orthopedic spine surgery sub-committee to create a forum for governance and clinical improvement for spine surgery

ONCOLOGY CGC

Piedmont Oncology continues to grow and will see over 8,200 new cancer cases in 2019. Led by **William Jonas, M.D. (Piedmont Atlanta)** and **Andrew Pippas, M.D. (Piedmont Columbus),** the Oncology CGC created a list of topics prioritized by their impact to Piedmont Healthcare's anchors— quality, stewardship, talent and growth. The following initiatives were chosen due to their high impact on the quality of care for a large portion of Piedmont's oncology patients.

BREAST CANCER - STANDARDIZATION OF RADIATION ONCOLOGY IN EARLY STAGES

Breast cancer is the most common malignancy treated with radiation therapy in the United States, and studies have shown that hypofractionation is effective and safe with lower costs and increased patient convenience. The American Society for Radiation Oncology (ASTRO) currently states that the preferred dose-fractionation scheme for patients with early stage breast cancer in the adjuvant setting after breast conservation surgery is hypofractionated irradiation. We currently have varying levels of compliance with this recommendation within the system.

OBJECTIVE

- Creating guidelines to help radiation oncologists across the system increase the usage of hypofractionated radiation, making us more compliant with current ASTRO guidelines and improve patient satisfaction.

PANCREATIC CANCER - CREATE STANDARD CT TEMPLATE

Successful treatment of pancreatic cancer requires multi-disciplinary care that must be integrated into the pathway for all patients. The oncology CGC identified a need for a standardized imaging and template reading for patients diagnosed with pancreatic cancer. The goal is to improve staging, diagnosis, surgical planning and avoid potentially unnecessary imaging tests and consequently patients costs.

OBJECTIVE

- This new standard work is the beginning of a pancreatic cancer pathway that will also include presentation at a multidisciplinary board and decision making around chemotherapy treatment prior to surgery.

SURVIVORSHIP - EVALUATE PROGRAMS AND ENSURE OUR CLINICAL MARKETS MEET THE COMMISSION ON CANCER REQUIREMENTS

By 2014, there were more than 19 million cancer survivors in the United States. After active therapy, survivors need direction. The oncology team is responsible for explaining the patient's disease, stage, the complexities of cancer therapy, and recommendations for overcoming the myriad of issues and toxicities present at the end of active treatment.

OBJECTIVE

- The oncology CGC has survivorship as one of its focused efforts, reviewing broadly the survivorship care plans (SCPs) given to our patients. The SCP is taking on an increasingly important role for survivors and primary care physicians, especially given the multitude of potential toxicities and other issues that can become chronic problems for many of our patients. The goal for 2019 is to ensure at least 50 percent of patients receive a uniform SCP across the system.

ORTHOPEDIC CGC

The orthopedic CGC launched in September 2018 under the leadership of **Xavier Duralde, M.D. (Piedmont Atlanta)** and **Todd Schmidt, M.D. (Piedmont Henry).** The group identified three priority areas and has organized task forces around each of these areas.

TOTAL JOINT

Elective total hip and total knee arthroplasties are the highest volume orthopedic procedures performed in Piedmont hospitals. On average, orthopedic surgeons at Piedmont perform close to 3,500 elective hip and knee surgeries annually across seven hospitals. Our goal is to standardize the care provided to total joint patients across Piedmont to reduce complications and improve outcomes.

OBJECTIVES

- Hardwire the total joint pathway by monitoring order set utilization and other process metrics
- Focus on infection prevention bundle compliance and increasing pre-operative education attendance

HIP FRACTURE

Hip fractures are one of the most serious fall injuries in our aging population. At Piedmont, we are dedicated to providing this population the best care with current evidence-based clinical treatment pathways.

OBJECTIVES

- Develop a standard clinical treatment pathway based on literature and best practices with input from orthopedic surgeons, anesthesiologists, hospitalists, ED physicians and nursing
- Determine which process and outcomes metrics to monitor to ensure the desired outcomes

QUALITY MEASURES

The demand for quality in healthcare is increasingly important, which makes the need to measure, monitor and report improvement initiatives imperative. The quality measures task force is working to choose and monitor meaningful metrics and ensure that coding and documentation reflects the care provided to patients.

OBJECTIVES

- Develop a real-time monitoring process for SSI that will allow surgeons to take action in a timely manner to reduce/prevent infections
- Work with coding department to ensure the accuracy of coding; gain a better understanding of the coding process and the documentation reviewed by coders; and educate physicians about what is learned
- Work with the total joint task force to develop the case for Piedmont to participate in the AJRR (American Joint Replacement Registry)

PULMONARY CGC

The pulmonary CGC officially launched in September of 2018. The pulmonary CGC, under the leadership of **Jermaine Jackson, M.D. (Piedmont Atlanta)** and **Jane Parks, M.D. (Piedmont Athens)**, began to explore opportunities to drive improvement by looking at opportunities across five sub-specialties: advanced lung disease, critical care medicine, general and preventive medicine, interventional pulmonary medicine, and sleep medicine. The Pulmonary CGC participants decided to focus on the following initiatives.

PNEUMONIA ORDER SET OPTIMIZATION

Pneumonia is the eighth leading cause of death in the U.S. and is the most common cause of hospital admissions in adults. The task force that is dedicated to streamlining care delivery for this patient population is comprised of healthcare professionals representing all facets of care.

OBJECTIVE

- The goal is to optimize and utilize order sets and antibiotic treatments in this population to decrease mortality and readmission rates

SEPSIS BUNDLE COMPLIANCE

Sepsis is a life-threatening medical emergency that requires timely and coordinated care to reduce odds of mortality. In addition, sepsis contributes significant excess cost and prolonged length of stay for our system.

OBJECTIVE

- The primary goal is to drive the sepsis three-hour treatment bundle to goal at opportunity sites. Priorities include hardwiring protocols, updating the sepsis dashboard and building real-time reporting to provide frontline staff with actionable data.

COPD DIAGNOSING AND ORDER SET OPTIMIZATION

COPD is the third-leading cause of death in the U.S., with more than 24 million people living with some form of COPD, while only about half have been properly diagnosed.

OBJECTIVE

- To drive care standardization focused on optimizing existing COPD order sets and drive correct diagnosing of COPD through increased use of spirometry

LUNG NODULE TRACKING PROCESS

Lung cancer is the second most common cancer and the leading cause of cancer death in both men and women.

OBJECTIVE

- To streamline lung nodule tracking processes and protocols by conducting a current state assessment of the screening process across the system and assessing software programs

SLEEP APNEA SCREENING TASK FORCE

Untreated obstructive sleep apnea may result in an increased risk of strokes, heart attacks, cardiac arrhythmias, hypertension, and dementia.

OBJECTIVE

- To drive sleep apnea screenings through the use of the STOP-BANG protocol for patients admitted with atrial fibrillation, heart failure, and COPD in hopes to improve long term outcomes

PRIMARY CARE CGC

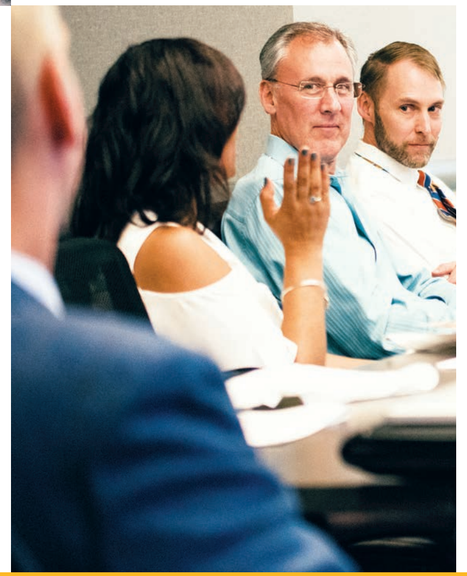
With the largest primary care network in the state of Georgia, we launched a CGC devoted to primary care in November of 2018. Under the leadership of **Patrick Railey, M.D. (Piedmont Newnan)** and **Moiz Master, M.D. (Piedmont Mountainside)**, the primary care CGC is focused on the following initiatives.

HIERARCHICAL CONDITION CODING (HCC): AMBULATORY RISK FACTOR

Appropriately capturing the risk of patients is critical to the success of value-based contracts and to ensuring continuity of care as patients move through the healthcare system. Most insurance companies use ICD-10 codes, so it is crucial to make sure each patient's conditions are appropriately captured.

OBJECTIVE

- To develop strategies to improve risk capture throughout the system



DIABETES MANAGEMENT

Diabetes is the 7th leading cause of death in the U.S. and 10.7% of all adults residing in the state of Georgia are living with the disease. When combined with high blood pressure and lipids, high blood sugar can lead to heart disease, stroke, blindness, kidney failure, amputations of the legs and feet, and even early death.

OBJECTIVE

- To identify patients with diabetes who have high HgbA1c and/or no evidence of an HgbA1c drawn in the last 12 months and schedule them to come into the office for appropriate care

NETWORK MANAGEMENT: PROVIDER IDENTIFICATION

Our claims data allows us to see when our patients use facilities and physicians outside of the Piedmont Clinic/ Piedmont Healthcare network. We want to make sure our Piedmont Clinic physicians know who is within our network so patients can receive care from Piedmont providers.

OBJECTIVE

- To improve network utilization by launching a series of tools that can be utilized by Clinic members to allow seamless identification of members for referral and/or networking purposes.

CONNECTING PATIENTS

Ensuring Ease of Access to Care for Our Patients

As changes in healthcare turn patients into consumers, it is essential that we make accessing and navigating our health system as easy and seamless as possible through our "digital front door." This includes:

- **Offering online scheduling on piedmont.org, the Piedmont Now app and the MyChart patient portal**
- **Delivering a consistent experience for patients over the phone**
- **Connecting the patient journey through systemic scheduling of referral appointments at the time of check-out or discharge**

This approach offers a multichannel way people can access Piedmont Clinic's physicians and services. Our focus is on customer service and meeting people where they are, allowing them to access Piedmont Healthcare from the palm of their hand whether they call or schedule online.

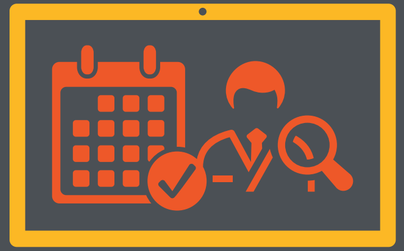
IMPROVING ACCESS THROUGH ONLINE SCHEDULING

After enhancing our provider directory last year, our focus has been on scaling online scheduling. As of the end of FY2019, every employed physician and 36 percent of Piedmont Clinic members are now available for online scheduling.

621
PROVIDERS PARTICIPATING IN ONLINE SCHEDULING

129
SPECIALTY PRACTICES USING ONLINE SCHEDULING

132
COMMUNITY CONNECT MEMBERS PARTICIPATING IN ONLINE SCHEDULING



WHO IS SCHEDULING ONLINE?

IN FY2019:

195,000+
APPOINTMENTS BOOKED ONLINE

31%
OF THOSE PATIENTS WERE NEW TO THE PIEDMONT SYSTEM

74%
HAVE MANAGED CARE INSURANCE

58%
ARE UNDER AGE 50

34%
SCHEDULED APPOINTMENTS OUTSIDE REGULAR OFFICE HOURS (8 A.M. TO 5 P.M.)

PIEDMONT NOW APP FAST FACTS:

78%
OF APP USERS USE THE APP MORE THAN ONCE, TYPICALLY FOUR TO EIGHT TIMES

22%
CONVERSION RATE TO BOOK APPOINTMENTS IN THE APP FOR AMBULATORY SERVICES

PIEDMONT NOW APP UPDATES

The Piedmont Now app allows patients to find providers, schedule appointments, pay their bills and access their health information in MyChart. We launched a new version of the app in FY2018 that brought online scheduling to the home screen.

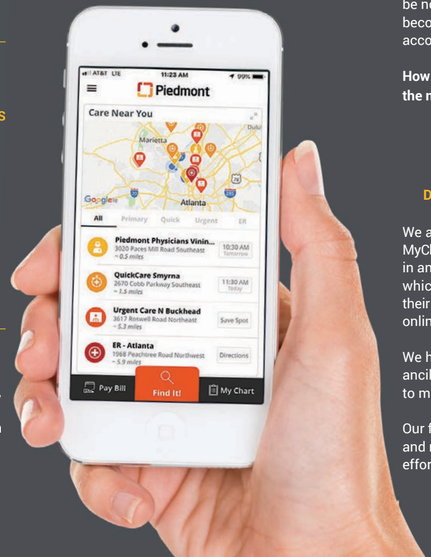
Through the wayfinding feature, patients are able to find nearby Piedmont locations that have available appointments, view GPS navigation to the location and even view information about how to navigate the campus or medical office building.

Nine of our 11 hospitals are live with the wayfinding feature in the app as of FY2019. Piedmont Columbus Regional will go live later this calendar year.

IMPROVING CONNECTEDNESS IN THE NETWORK

In the month of June alone, more than 90,000 "Find a Doctor" searches were performed on piedmont.org. The enhanced provider directory on the website captures physicians' personal practice preferences and specialty focus areas.

Participating in ProviderMatch helps to drive referral accuracy and appointment access that benefits patients, physician practices and payors. The directory is a helpful tool providers can leverage to know who is in-network and search by specialty. To access the directory, visit **Piedmont.org** or download the **Piedmont Now** app.



MYCHART UPDATES

In FY2019, we enhanced Epic functionality to improve physician-to-patient and physician-to-physician communication. The Clinic optimized online self-scheduling in the MyChart patient portal to streamline the process for patients.

Additionally, the new Epic functionalities include a "waitlist" option at some practices, allowing patients to be notified if there is a cancelation and an appointment becomes available sooner. They can then log into their account and schedule a new appointment.

How much sooner patients can get an appointment with the new waitlist system:

MEDIAN:
15
DAYS IMPROVEMENT

AVERAGE:
25
DAYS IMPROVEMENT

We also launched ticket scheduling functionality in MyChart for screening mammograms. The provider can put in an order for a patient to get a screening mammogram, which creates a ticket the patient can access through their patient portal. They can then schedule their screening online instead of calling another practice to schedule it.

We have plans to expand ticket scheduling to other ancillary services in FY2020 to make it easier for patients to make appointments at times convenient to them.

Our focus has been on providing services patients want and need. We are seeing performances that validate our efforts and we will continue this process in FY2020.

NETWORK DEVELOPMENT AND ACCESS

The Piedmont Clinic's growth strategy in FY2019 was to ensure we had the right services in the right locations to support patients and physicians in our network and to increase access to care where our employees are located.

IMPROVING ACCESS TO CARE

We are continually looking for ways to improve care in our communities. Whether it's through the addition of new hospitals or the expansion into new areas, we recognize that increasing access to care is essential to reaching that goal. In 2018, we experienced significant growth, adding four hospitals, 27 retail clinics, a new emergency department and more than 500 physicians to our network across Georgia.

MEETING THE NEEDS OF OUR MARKET

Piedmont Clinic has a commitment to fill the needs of the market. We want our members to be confident that a benefit of joining the Piedmont Clinic is the access to other high-quality physicians to whom they can refer or from whom they can receive referrals.

We continued to support our hospital markets and worked to align with high-quality physicians to support these facilities. We focused on filling in gaps in our footprint: Where there was a community need for physicians, we made an effort to support them. In areas where there was a deficit of providers, we recruited physicians to serve in those markets.

MEETING THE NEEDS OF PIEDMONT EMPLOYEES

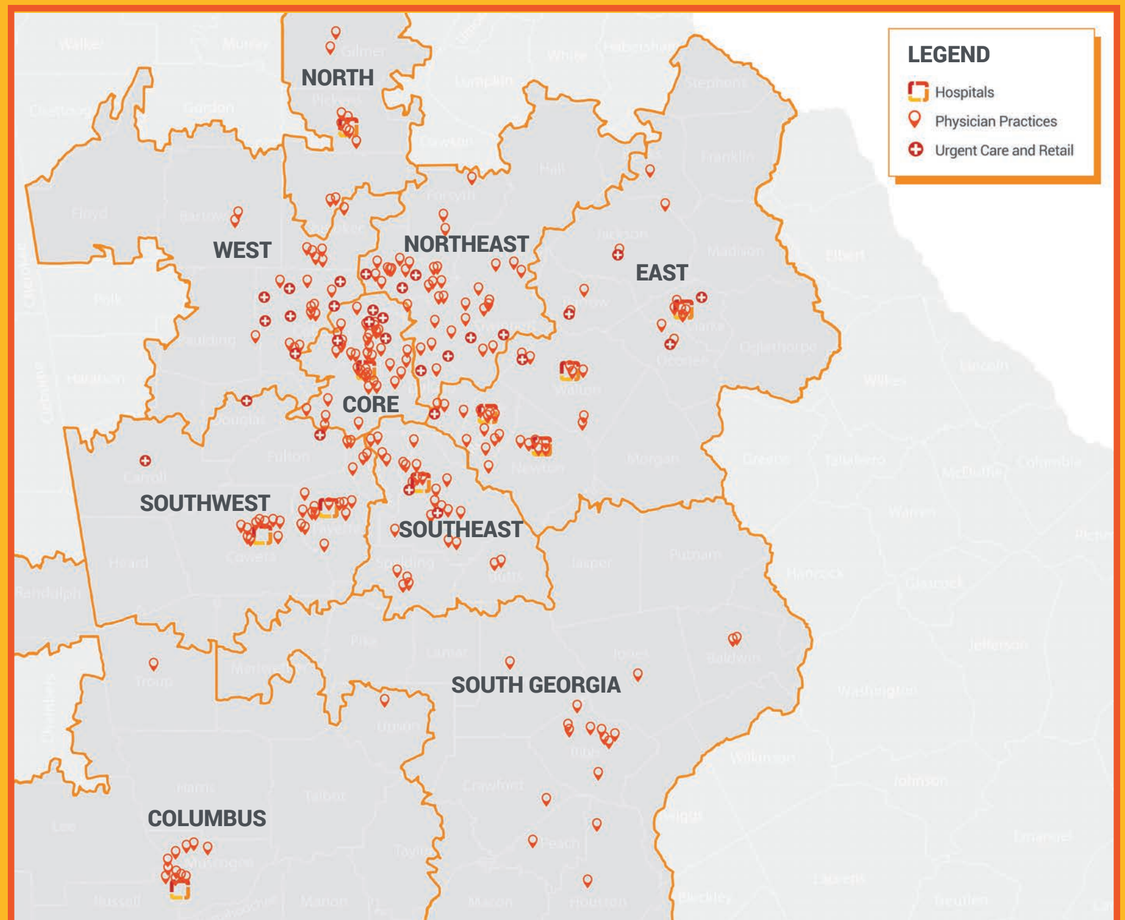
We noticed a gap in the market to serve a significant number of Piedmont employees who live in Gwinnett County. To better meet the healthcare needs of our team members, we have tripled our presence in Gwinnett County, covering a variety of specialties, including primary care, neurology, pulmonology, cardiology, dermatology, gastroenterology and more.

SUPPORTING CLINICAL INTEGRATION

All of these efforts support clinical integration. If nearby physicians are in the Piedmont Clinic network, it is easier for our patients and providers to share information and have access to the same best-practice standards, which leads to better quality and better outcomes for our patients.

PIEDMONT CLINIC PRESENCE

Physician Practice Locations and Provider Counts



Michelle Fisher
President, Primary Care & Retail Services

A FOCUS ON PRIMARY CARE

The Piedmont Clinic is organizing its structure to focus on primary care. This shift will serve as the foundation for care in the organization and is essential in the changing healthcare landscape.

Our focus on primary care stems from the major changes in our industry's reimbursement models, patient consumerism, market consolidation, payor requirements, new competitors, a new mix of demographics and payors, and our mission to improve quality through consistent referrals in our network.

HOW IS THE HEALTHCARE INDUSTRY CHANGING?

Reimbursement models are evolving from volume-based (traditional fee-for-service) to value-based (payment for high-quality, low-cost care). Consumerism is growing as patients expect a seamless and well-coordinated health-care experience.

Markets – including hospital systems and physician networks – will consolidate, resulting in the need for market relevance and community value. In addition, non-traditional competitors, payors and other networks will directly compete with our primary care services in Georgia.

Payors (insurance companies) will pursue strategies that will impact our network by shifting risk to systems and providers through value-based arrangements where we are directly responsible for the cost and quality of care.

Demographics and payor mix will continue to shift as the Georgia population ages. Payments from government programs will continue to decline and commercial payment rates will stagnate.

This means that as a network, we will have to manage our cost structure, as well as the costs of patients. It also means that our network will need to prove our value in terms of cost and quality.

WHY IS PRIMARY CARE IMPORTANT IN THE CONTEXT OF HOW HEALTHCARE IS CHANGING?

Primary care, defined in the broadest terms with traditional primary care, retail, and urgent care, is the "front door" to the system and the critical access point to ensuring we provide high-quality care. A strong primary care network is necessary to a high-value network, a network that can control expenses and improve quality.

Primary care is central to quarterbacking the care of our patients – influencing quality outcomes, patient experience and total cost of care. From influencing which specialists patients see, to helping them manage their longterm health, primary care is essential to how we provide care. Continuing to develop primary care is critical to our model, as it helps us provide patients with the care they need while attracting commercial business and employer partners.

THIS IS WHAT A BROAD PRIMARY CARE NETWORK THAT INCLUDES ONLINE, RETAIL AND PHYSICIAN PRACTICES MEANS TO THE PEOPLE AROUND US:

"Piedmont makes it easy to get the care my family and I need. I can book an appointment online when it is convenient for me. I can also just go down the street and see someone there. Then everything is available on my phone – I love that!"

– PIEDMONT PATIENT

"What is great about Piedmont is how many locations they have that are close to where our employees live. This makes it easier to be seen by a doctor which means a quicker road to recovery."

– EMPLOYER

"We value working with Piedmont because we both have the same goals for our consumers. Our Piedmont customers have had better outcomes at a lower cost and that's good for everyone."

– MANAGED CARE REPRESENTATIVE

What is Care the Piedmont Way?

From the clinician perspective:

- The Clinic is focused on engaging clinicians across geographies in a meaningful way.
- The Clinic is invested in active and effective physician leadership.
- Physicians and advanced practice providers are empowered as navigators of patient decisions, rather than being focused on paperwork and box-checking – where payments reward outcomes.

From the patient perspective:

- We put the patient in the driver's seat, supported by a primary care network that is convenient to access and affordable, and where information is seamlessly transitioned back and forth between high-quality providers for excellent point-of-care coordination.
- Diseases are effectively prevented long before they cause unnecessary suffering and costs because primary care providers consistently adhere to best practices.

Our Clinically Integrated Network Exists to:

- Build awareness and trust among the providers and between the providers and the Piedmont Clinic
- Build structures to implement best practices and communicate effectively
- Standardize routine clinical practices to improve quality and reduce costs
- Expand retail and primary care access points and coordinate these with both the primary care and specialty care network
- Enhance transfer of information between providers by standardizing EMR platforms
- Assist providers through accurate data reports, aligned incentive programs and improved efficiency
- Be purposeful with who we select to add to our network
- Invest in data infrastructure – predictive analytics, HCC/RAF scores, total cost of care, etc.
- Develop a narrow network to better partner with payors and employers

Influencing where patients seek care will be critical to the success of the network, ensuring that patients can access the right care, at the right place, at the right time. This all starts with point-of-care coordination at the primary care office.

POPULATION HEALTH

Going the Extra Mile

The Care Management Program goes above and beyond to make a difference in the lives of our patients by providing integrated solutions to complications that may prevent patients from receiving care. Our RN case managers are meeting patients where they are, thinking outside the box and delivering holistic, comprehensive care. Here are a few examples of the support the Population Health team provides to improve the outcomes for our rising and high-risk patients.

CASE MANAGER HELPS 81-YEAR-OLD PATIENT IN EXTREME TEMPERATURES

On a routine follow-up call and assessment of an 81-year-old patient with a history of chronic asthma, coronary artery disease, osteoarthritis, hypertension and abdominal aortic aneurysm, case manager **Michelle Andrews, RN**, noted that the patient complained of increased shortness of breath. She learned that the patient's air conditioning unit had recently stopped working and because of the high temperatures in mid-July, she was having trouble breathing.

Michelle Andrews, RN and Vanessa Bonner, RN

Concerned for her patient's medical conditions, Michelle made numerous calls to nonprofit organizations late on a Friday afternoon to try to find resources for her patient. Despite her efforts, she kept reaching a dead end.

Her peer, **Vanessa Bonner, RN**, called the patient's local Walmart and explained the circumstances to the manager. As a result of this effort, the manager agreed to donate a new AC unit for the patient.

Michelle, Vanessa and their supervisor **Angie Rutledge**, met on Saturday morning to pick up the AC unit from Walmart and delivered it to the patient's home. They even helped the patient make arrangements with her local church to install the new AC unit that week.

The patient was grateful and considering her chronic onditions as well as the hot temperatures, likely avoided a potential hospitalization.

TRUCK DRIVER GETS A HANDLE ON UNCONTROLLED DIABETES

Working with patients to help them do their part to manage their care is an essential part of improving their care. Case manager **Casie Chappell, RN**, called the patient to discuss the importance of routine primary care visits, particularly for the evaluation of his diabetes diagnosis. After this discussion, she helped him schedule a follow-up appointment to establish care with a new primary care physician.

During the visit with his new primary care physician the patient admitted that he did not follow a healthy diet to manage his diabetes and was not taking his medications regularly. Following the visit, the patient committed to taking his diabetes and hypertension medications as prescribed.

In addition to following up with the patient to reinforce education about medication compliance, diet and exercise to manage his conditions. Chappell helped him register for a class at the Piedmont Diabetes Resource Center.

The patient set goals that fit into his schedule by beginning to walk during truck stops and checking his blood pressure routinely. He made healthy diet changes by following a vegetarian diet and practicing portion control and carbohydrate moderation. He also began taking his medications as prescribed and completed a diabetic eye exam.

Chappell referred him to a resource coordinator who obtained his medical records and scanned them into his Epic chart for easy reference among his Piedmont providers.

During a routine follow-up call in, the patient reported that he had lost 12 pounds. During a recent office visit with his primary care physician, he learned his diabetes was under much better control, with his A1C down to 7.3 from 12.0 and his average blood glucose in the 150 to 160 range compared to 300 from several months earlier. These interventions likely prevented a future hospitalization and possibly saved his life.

RN CASE MANAGER HELPS COPD PATIENT AVOID HOSPITAL READMISSION

A patient with a history of chronic obstructive pulmonary disease, coronary artery disease, hypertension, obstructive sleep apnea and depression, was hospitalized at Piedmont Atlanta Hospital in with COPD exacerbation. He was sent to the emergency department by his pulmonologist due to persistent COPD symptoms despite aggressive outpatient treatment.

The inpatient transitions nurse provided him with COPD education at the bedside and ensured his COPD order set was used and his follow-up appointment was scheduled before discharge.

After he was discharged from the hospital, the ambulatory transitions care manager **Breanne Cornejo, RN**, followed up with him over the phone to perform a TOC assessment. During the follow-up call, the nurse confirmed that home healthcare was secured, the patient had family support and he was tapering his prednisone dose as directed. She also reinforced the importance of attending his follow-up appointment, using maintenance inhalers, recognizing the signs and symptoms of a mild COPD flareup, and having an escalation plan.

During the call, the patient reported he could not get his prescription for a new inhaler because of the cost and stated he would fill it with the VA in several weeks. The case manager then collaborated with the patient's pulmonologist to get samples of the inhaler so the patient could avoid disruptions of his medication.

Breanne Cornejo, RN

During week three post-discharge, the patient reported increased chest congestion and wheezing after tapering off prednisone three days prior. The case manager spoke with his pulmonologist, called in additional prednisone and set up a same-day appointment with the pulmonologist.

Thanks to these interventions, the patient promptly received medication samples and a maintenance inhaler and was able to adhere to his medications without gaps. He attended his follow-up appointments as appropriate, including a second pulmonology appointment during week three because of increased COPD symptoms. The patient could have easily presented to the emergency department, but instead, he had an RN case manager following him, which helped prevent 30-day readmission.

"By integrating care, the Piedmont Clinic is improving health outcomes for patients, creating innovation in the market, and creating value for those who use and finance healthcare. Employers are clamoring for new and innovative healthcare solutions for their employees, and Piedmont is leading the way in delivering on those needs."

– Bryan Holgerson, Market President Georgia/Alabama, Cigna

PAYOR RELATIONSHIPS

Improving Quality and Total Cost to Access

As we've seen in the shifting healthcare landscape, value-based care is now eclipsing volume-based care. This means we must continually work to improve our quality measures as a clinically integrated network and validate our methods and standards of care. Our quality focus remains centered on:

- **Continuous improvement**
- **Patient-centered care**
- **Clinical integration**
- **Measurement**
- **Prevention**
- **The adoption of evidence-based best practices**

Fiscal Year 2019 was a big year for value-based care and population health at the Piedmont Clinic. We now manage more than **160,000 lives** in arrangements that focus on lowering costs and improving quality.

A large employer moved their employees from an open access network to our network centered on Piedmont providers and experienced the following outcomes:

21% REDUCTION IN PMPY (PER MEMBER, PER YEAR) MEDICAL COSTS

3% REDUCTION IN ADMISSIONS PER 1000

16% REDUCTION IN BED DAYS PER 1000

13% DECREASE IN AVERAGE LENGTH OF STAY (ALOS)

HIGH-QUALITY AND COST-EFFICIENCY

Piedmont's performance in our value-based programs shows cost and quality that are better than the market and our peers.

ALL DIABETES CARE METRICS (A1C CONTROL, NEPHROPATHY SCREEN, EYE EXAM)

BREAST AND COLORECTAL CANCER SCREENING

ALL DIABETES CARE METRICS

WERE BETTER THAN MARKET

DIABETES A1C CONTROL

76.6% VS **59.5%**

LOWER READMISSION RATE

8.7% VS **10.6%**

For commercial patients, Piedmont continues to have a cost of care that is lower than market, strong utilization trends and higher quality.

ACUTE INPATIENT ADMISSIONS **13%** LOWER THAN MARKET

TOTAL COST OF CARE **3%** LOWER THAN MARKET

EMERGENCY DEPARTMENT (ED) VISITS WERE **10%** BETTER THAN MARKET

INTERNALLY **5%** BETTER FROM 2017 TO 2018

AVOIDABLE ED VISITS WERE **30%** BETTER THAN MARKET

INTERNALLY **16%** BETTER FROM 2017 TO 2018

INPATIENT ADMISSIONS WERE **5%** BETTER THAN MARKET

INTERNALLY **5%** BETTER FROM 2017 TO 2018

ANTIBIOTIC PERSCRIPTIONS WERE **9%** BETTER THAN MARKET

INTERNALLY **5%** BETTER FROM 2017 TO 2018

IN ADDITION, THE PIEDMONT HEALTHCARE EMPLOYEE PLAN HAS OUTPERFORMED THE ATLANTA MARKET FROM A COST STANDPOINT BY

12.3% FROM 2013 TO 2018

In FY2020, we will continue to prioritize quality and cost-effectiveness with the help of our Clinical Governance Councils, regular communications to Clinic members, and continued organizational efficiencies throughout the network.

2018 VALUE AND VISION SUMMIT

The 2018 Piedmont Clinic Value & Vision Summit provided Clinic physicians with an excellent opportunity to network and hear about the strategic initiatives for the upcoming year.









2019 CHAIRMAN'S SERVICE AWARD WINNERS

The Physician Advisory Committee received many noteworthy award nominations from throughout the Piedmont Clinic, highlighting work focused on patient-centered care. The individuals recognized rose to the top of the list for their remarkable and unyielding focus on caring for patients, and for demonstrating the highest levels of quality, innovation, service and cost-effective care.

CLINICAL EXCELLENCE & INNOVATION

This award highlights an individual who has achieved success in his or her specialty area in the area of clinical excellence that significantly improves quality.

Amit Singh, M.D. (Anesthesia, Piedmont Atlanta) for implementing ERAS (Enhanced Recover After Surgery) protocols across many service lines at Piedmont Atlanta Hospital. ERAS has become a strong movement across our nation to improve patient safety and satisfaction, and Dr. Singh has taken it upon himself to bring this to Piedmont Hospital. Beginning in 2014, he independently researched and constructed an evidence-based protocol for improved preoperative nutrition /hydration strategies, narcotic reduction, fluid management, regional anesthesia strategies, and postoperative nausea reduction. He worked with a multidisciplinary group focusing on education of the entire anesthesia department, surgeons, and nurses on the principles of ERAS and the benefits to both patients and the hospital system itself (decreased narcotic usage, decreased length of stay, and improved patient satisfaction scores). Preliminary data suggests that PCA utilization on the floors for colon patients decreased at least 50-65% with the widespread use of narcotic sparing techniques. Results also suggest patients were leaving about 0.75 days earlier than prior to ERAS.

RELIABLE SAFETY

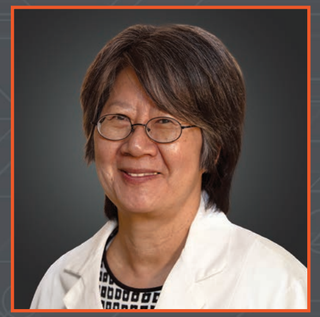
This award highlights an individual who has demonstrated significant commitment to patient safety in his or her practice.

Dean Joelson, M.D.(Pathology, Piedmont Atlanta) for his work as System Medical Director for Transfusion Safety and Blood Management, and for his collaboration with the Transfusion Safety Officer to reduce the unnecessary use of blood products, which improves patient outcomes, saves cost and reduces waste. Dr. Joelson has worked to ensure transfusion safety and blood management across the system, which is vital to the continued success of Piedmont. Through this commitment, we are able to focus on being good stewards of blood products, reduce waste, contain costs, eliminate unnecessary testing and focus on best practices. In addition to establishing a system wide blood utilization committee, he has worked to:

- encourage others to be better stewards and advocates for those who choose to not use blood products due to religious or personal reasons
- establish blood transfusion Tableau dashboard for tracking practitioner usage
- develop letters through peer review to drive down over usage and unnecessary transfusions
- start a pilot program to set up an anemia clinic to begin working on driving down hospital acquired anemia
- set new, up to date, best practice guidelines for platelet, plasma and cryo administration to also drive down usage as was done for red cells

SUPERIOR SERVICE

This award highlights an individual who has demonstrated service to his or her community locally, nationally or abroad.



Grace Chin Yut, M.D. (Family Medicine, Piedmont Columbus) for her work providing quality primary care services to an uninsured and underinsured population in Columbus. Grace completed her Family Medicine residency in 1995 at PCR Midtown where she first learned the issues of this challenging population. Over the years, she has led a team with excellent clinical outcomes, patient satisfaction and fiscal success. Her work has made a difference for thousands of patients. With approx. $4M annual budget and 13,000 patients, this program provides this underserved community $2.9 M in health and pharmacy services. Patient experience scores are consistently in the 90th percentile on the CG-CAHPS survey and scores are consistently meeting the 7th decile on key primary care CMS metrics, on par with most primary care practices.

COST EFFECTIVENESS

This award highlights an individual who has led work that seeks to reduce waste and redundancies in the clinic environment, thereby improving access to clinic physicians.

Omar Jalil ,M.D.; Zuhair Ahmed, M.D.; Rajeswan (Raji) Natarajan, M.D.; Pamela Clanton, M.D.; Andy Jaffal, M.D. for their work as the leaders and champions for cost effectiveness for Piedmont IMS services at their respective hospitals. Their innovative ideas help the overall system in reduction of length of stay and order set utilization in order to ensure standards of care and evidence based care for patients, leading to positive patient outcomes. They worked with executive leaders to understand what key stakeholders are concerned about and come up with plans they reinforce with the IMS team. They instituted a team approach to "discharge by 11" with IMS physicians, case managers and nurses working cohesively as a team to help discharge patients at a reasonable time and with adequate resources. The goal is to reduce the chance of crisis at home and readmission due to not having what they need because of a late discharge. There were 44,338 discharges over the last 12 months and 17,539 were before 11:00am—a 40% improvement from the past.

Omar Jalil, M.D.
Hospitalist, Piedmont Atlanta

Zuhair Ahmed, M.D.
Hospitalist, Piedmont Henry

Rajeswan (Raji) Natarajan, M.D.
Hospitalist, Piedmont Fayette

Pamela Clanton, M.D.
Hospitalist, Piedmont Newnan

Andy Jaffal, M.D.
Hospitalist, Piedmont Henry

A STRONG HISTORY OF PHYSICIAN LEADERSHIP

Piedmont Hospital was founded in 1905 by two physicians. For the past 114 years, Piedmont has embraced that spirit of physician leadership by engaging physicians in all elements of major decision-making.

We rely on physician leadership in all of our bodies of governance, and there are many opportunities in the Piedmont Clinic for physicians to take on leadership roles. From a clinical perspective, the Piedmont Clinic Board of Directors and the Clinical Governance Councils (CGCs) are two of the most important bodies of opinion in the Piedmont Healthcare system.

In many healthcare organizations, it's common for physicians to have leadership roles, but the amount of authority they have varies. Piedmont is unique in that we put physicians in leadership roles and give them the ability to make and implement decisions.

The Clinic's Board of Directors is rendering decisions about the direction of the organization, particularly by ensuring quality metrics are established and achieved. This allows us to work as a seamless, clinically integrated network (CIN) between employed and independent physician groups. We thank our board members for the incredible enthusiasm they have shown in embracing the transformation of the Piedmont Clinic this year with the establishment of our new CGCs.

Our Clinical Governance Councils evaluate all of the aspects of patient care that have a direct impact on quality. The CGCs are comprised of thought leaders and expert opinion-holders who give the CGCs the authority to make decisions and recommendations about the way we care for patients.

Though the CGCs are new this year, we have already seen a tremendous amount of momentum from the five groups we established in FY2019: neurology, oncology, orthopedics, primary care and pulmonology. Because of their great success, we are now in the process of vetting and launching another series of CGCs for FY2020. I encourage any Piedmont Clinic member interested in leadership to explore opportunities on our Clinical Governance Councils.

I believe we will see a lot of exciting work come out of these councils as it relates to the quality mandates of the entire Piedmont Healthcare system. The CGCs are an excellent complement to the work Dr. Leigh Hamby, Piedmont Healthcare's chief medical officer, is doing on the Quality, Safety, Service (QSS) committees, which are hospital-focused.

The Piedmont Clinic is a unique organization, even in the constructs of similar networks across the country. Our clinically integrated network is leading the way in clinical governance and quality. It is also helping our healthcare system expand the care platform into a wider range of areas in the state of Georgia. This expansion will bring the Piedmont brand and quality of care to more patients throughout our state.

We thank the physician leaders on our Board of Directors and Clinical Governance Councils. They each go above and beyond the call of duty to help us continually improve the quality of care we provide to patients.

Thank you for your service.

Sincerely,

Charles Brown, III, M.D.
CEO, Piedmont Physician Enterprise

BOARD OF DIRECTORS

The Board of Directors consists of a diverse spectrum of experience and responsibility. Upon joining the clinic, all physician members are assigned to either the evaluation and management (E&M) division or the proceduralist division.

Annette Bernard, M.D.
E&M POD 1

Raul Blanco, M.D.
Proceduralist POD 2

Charles Brown, III, M.D.
CEO of
Piedmont Physician Enterprise

Kevin Brown
CEO for
Piedmont Healthcare

Patrick Coleman, M.D.
E&M POD 3

Booker Dalton, M.D.
Proceduralist POD 4

Shannon Glover
VP of Managed Care for
Piedmont Healthcare

Smriti Goyal, M.D.
E&M POD 5

Bradford Harper, M.D.
E&M POD 2

William Jonas, M.D.
E&M POD 4

Kimberly Kleiss, M.D.
Proceduralist POD 3

Elliot Levine, M.D.
Proceduralist POD 5

These divisions are subdivided into 10 groups called "pods" which elect a leader to represent their interests and concerns. In addition, the board includes executive leadership from the Piedmont Clinic and Piedmont Healthcare.

Christopher Lloyd
President for
Piedmont Clinic

Michael McAnder
CFO for
Piedmont Healthcare

Archibald Roberts, M.D.
Board Chairman

Jeffrey Shapiro, M.D.
Proceduralist POD 1

SENIOR LEADERSHIP

Michelle Fisher
President of Primary Care and Retail Services

Christopher Lloyd
President of Piedmont Clinic

Charles Brown, III, MD
CEO of Piedmont Physician Enterprise

Katie Logan
Vice President of Patient Experience

Karen Duffard
Vice President of Clinic Operations & Strategy

Kevin Hoppe
Chief Operating Officer

Katie Lund
Executive Director of Value-based Care

Virginia Kelley
Executive Director Health & Benefits Strategy

PIEDMONT CLINIC BOARD COMMITTEES

QUALITY COMMITTEE

Nathan Baldwin, M.D.
Akshay Gupta, M.D.
Rosa Langella, M.D.
Jim Latimer, M.D.
Katatina Lequex-Nalovic, M.D.
Michael Manning, M.D.
Moiz Master, M.D.
Robert Miller, M.D.
Patrick Railey, M.D.
Heather Turner, M.D.
Thomas Wells, M.D.
Paul Zolty, M.D.
Staff Leads:
Shanie Johnson, RN
Brencia Bienville, RN

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Cynthia Hurley, M.D.
Steven Lenhard, M.D. – Co-Chair
Michael McEachin, M.D.
Ralph Peeler, M.D. – Co-Chair
Christopher Reeves, M.D.
J. Michael Roach, M.D.
Deborah Shepard, M.D.
Muthayyah Srinivasan, M.D.
William Wilson, M.D.
Staff Lead: Brian Busbee

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Thomas Deering, M.D.
Trevor Feinstein, M.D.
Leigh Hamby, M.D. – Co-Chair
Lily Henson, M.D.
Brian Krachman, D.O.
Elizabeth Moore, M.D.
Spencer Welch, M.D. – Co-Chair
Joseph Wilkes, M.D.
W. Hayes Wilson, M.D.
Staff Lead: Shanie Johnson, RN

CLINICAL GOVERNANCE COUNCILS

ONCOLOGY CGC MEMBERS

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Andrew Pippas, M.D., Columbus
Vasilelos Assikis, M.D., Newnan
Jonathan Bender, M.D., Fayette
Erin Bowman, M.D., Atlanta
Mitzie-Anne Davis, M.D., Fayette
Frederick Flynt, Jr., M.D., Athens
Cody Gunn, III, M.D., Athens
Woodrow McWilliams, M.D., Columbus
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Adam Nowlan, M.D., MPH, Atlanta
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Andrew Page, M.D., Atlanta
Rohit Rao, M.D., Columbus
Cynthia Shepherd, M.D., Athens
William Taylor, M.D., Columbus
Ronald Terry, M.D., Athens

PULMONARY CGC MEMBERS

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Amy Case, M.D., Atlanta
Aristidis Iatridis, M.D., Atlanta
Arvind Ponnambalam, M.D., Fayette
Chad Case, M.D., Atlanta
Charles Hartley, M.D., Atlanta
Curtis Coley, M.D., Atlanta
Hugh Jenkins, M.D., Athens
Jai Surana, M.D., Columbus
Jennifer Butler, M.D., Henry
Mayur Patel, M.D., Newnan
Tarsem Gupta, M.D., Henry
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Susan Jordan, M.D., Fayetteville
Scott Kimmerly, M.D., Atlanta
Allen McDonald, III, M.D., Atlanta
Dan Orcutt, M.D., Stockbridge
Steven Rayappa, M.D., Stockbridge
Renee Riley, M.D., Covington
John Seiler, III, M.D., Atlanta
Peter Symbas, M.D., Atlanta

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Moiz Master, M.D., Jasper (Mountainside)
Charles Bergstrom, M.D., Fayetteville
Annette Bernard, M.D., Atlanta
Loida Bonney, M.D., Peachtree City
John Bucholtz, M.D., Columbus
Patrick Coleman, M.D., Atlanta
Marc Harrigan, M.D., Atlanta
Jyotir Jani, M.D., Suwanee
Elizabeth Johnson, M.D., Athens
Kevin Lanclos, M.D., Social Circle
Michael Manning, M.D., Rockdale
Cody McClatchey, M.D., Atlanta
India Robinson, M.D., Stockbridge
Collyn Steele, M.D., Locust Grove
Thomas Wells, M.D., Athens
Cassandra Donnelly, M.D., Urgent Care

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Brannon Morris, M.D., Athens
Christopher Russell, M.D., Atlanta
David Gower, M.D., Mountainside
Denise Taylor, M.D., Athens
Ernesto Fernandez-Beer, M.D., Fayette
Gathline Etienne, M.D., Newnan
Heidi Woessner, M.D., Atlanta
Kimberly Walpert, M.D., Athens
Roger Frankel, M.D., Atlanta
Virendra Ranadive, M.D., Social Circle
Jay McCracken, M.D., Atlanta
Imoigele Aisiku, M.D., Atlanta

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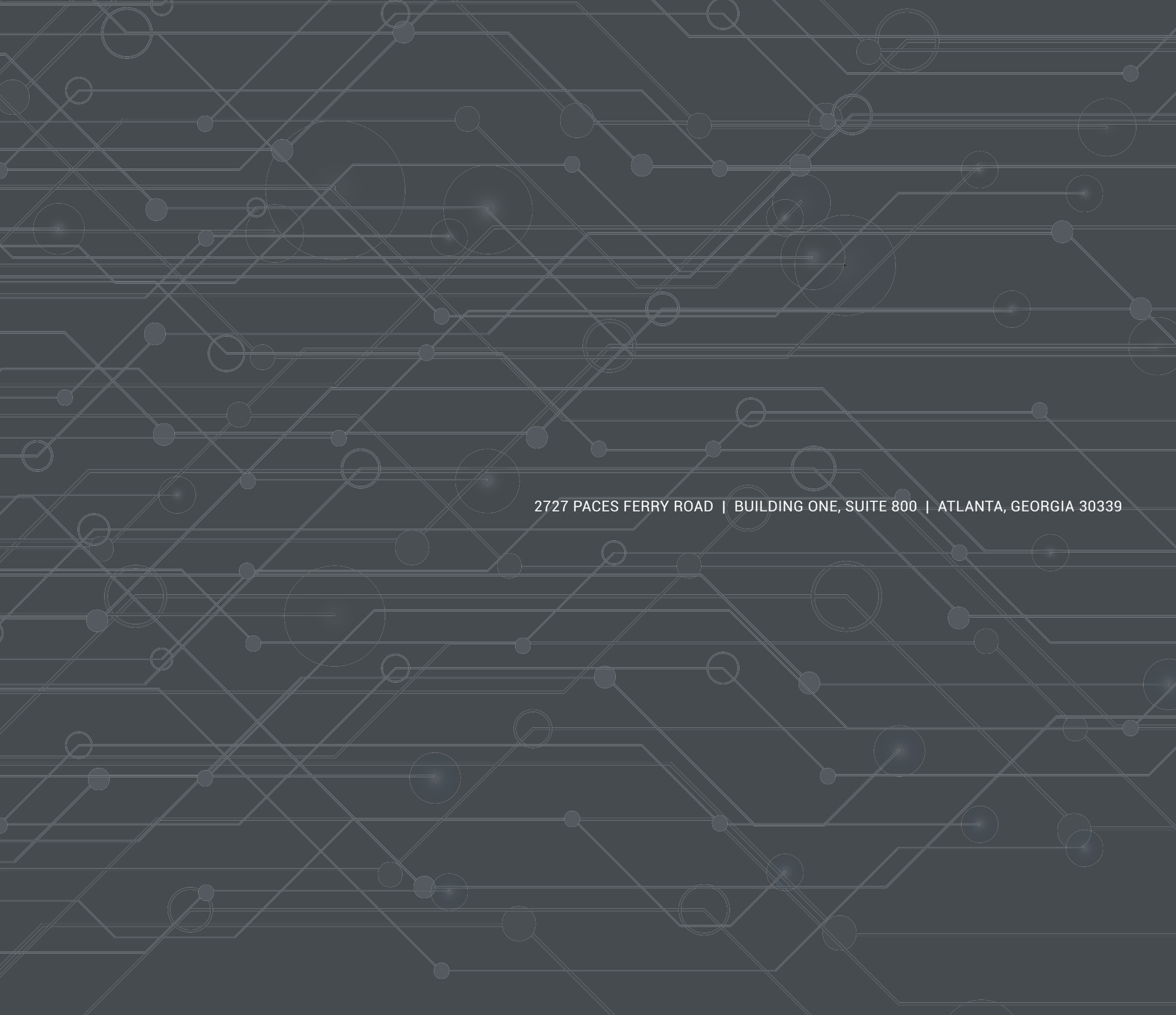
Ted Chang, M.D., Mountainside
Brannan Hatfield, M.D., Newnan
Jay Curtin, M.D., Mountainside
Jedidiah Almond, M.D., Fayetteville
Johnson Liou, M.D., Atlanta
Ronald Walpert, II, M.D., Athens
William Herrington, M.D., Athens
Kimberly Luft, M.D., Mountainside
Sirishma Kalli, M.D., Atlanta
Andy Greenshields, M.D., Athens
Dan Greenspan, M.D., Fayetteville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