
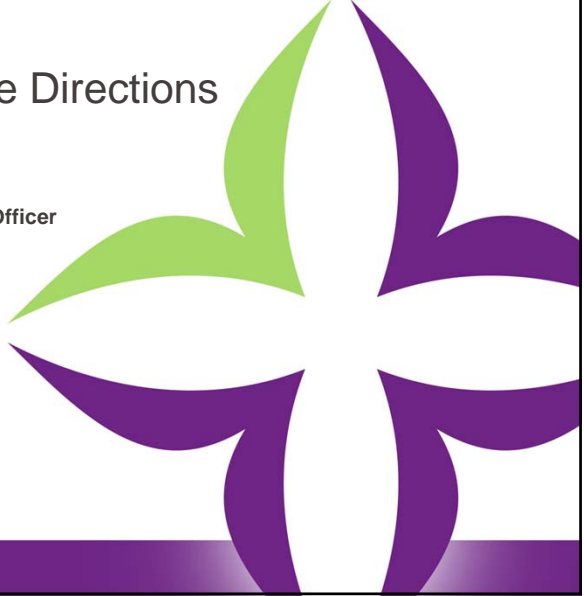



Medicare at 50: Issues and Future Directions

Richard J. Gilfillan, M.D.
President and Chief Executive Officer
Trinity Health

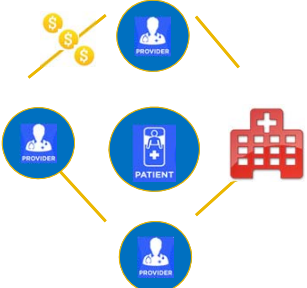
Transforming an Adapted Delivery System: From Care Fragments to Care Coordination

Volume-Based Care




Volume

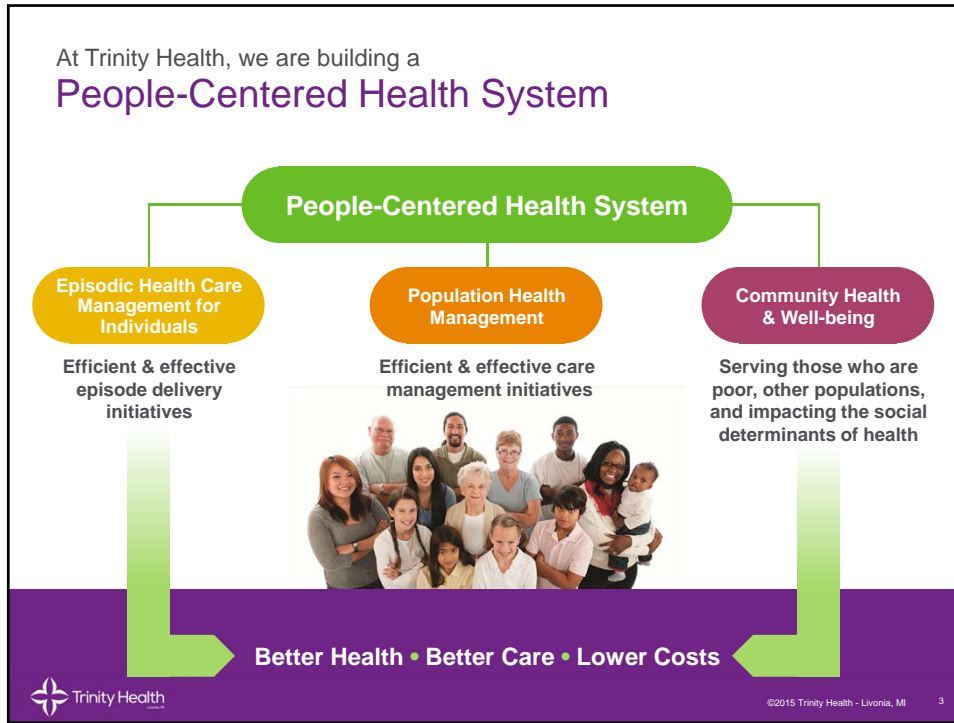
Value-Based Coordinated Care



Value






Volume	PAYMENT	Bundled, Shared Savings, Capitated
Fee-for-Service	FOCUS	Care Coordination
Patient Services	Treat	Prevent
Treat	INCENTIVE	


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2



Our Response to the New Marketplace Demands

Fundamental change to deliver high-value offerings

	<p>Trinity Health Partners</p>	
	<p>ACOs</p>	<p>27 ACOs in 21 states U.S. = 1.5 million attributed lives</p>
	<p>Bundled Payments</p>	<p>47 facilities (35 hospitals & 12 Continuing Care facilities) in 13 states have Bundled Payment Programs as of April 1</p>
	<p>CINs</p>	



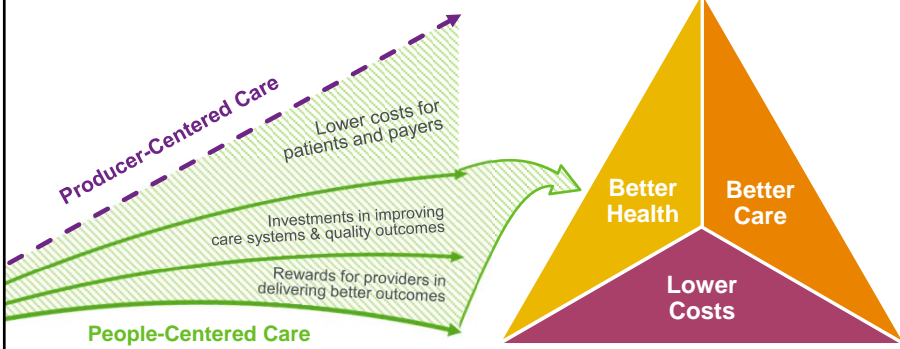
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5

All Parties Need to Benefit from the Savings

DIVIDEND

TRIPLE AIM





Note: Triple Aim figure adapted from IHI Innovation Series white paper, Cambridge, Massachusetts, Institute for Healthcare Improvement, 2012.

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6

CMS Has Been a Great Partner But There are Critical Issues to Meet the Timelines

- Improve the ACO business case to make it sustainable
- Leave all savings in the benchmark
- Equalize the opportunity for MA and ACOs
- Provide waivers for all
- Allow beneficiary attestation
- Simplify Quality Measurement: 5–7 high-level outcomes; patient-reported functional outcomes
- Improve data capabilities
- Provide meaningful infrastructure support to ACOs
- Create rapid cycle turnaround time for Learning and Action network
- Invest more in system learning and scaling activities



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Our Shared Commitment:

75% of business activity will be in alternative contracts by 2020

Logos of various healthcare organizations and partners surrounding the central graphic:

- PROVIDENCE Health & Services
- PARTNERS HEALTHCARE
- remedy partners™ THE EPISODES OF CARE COMPANY
- Dartmouth INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE
- Aledade
- Tucson Medical Center
- PBGH PRACTICE BUSINESS GROUP ON HEALTH
- Atrius Health
- MASSACHUSETTS
- ASCENSION
- SCL Health
- Mark McClellan, Brookings Institution
- FRESENIUS MEDICAL CARE
- PREMIER
- Blue Cross Blue Shield Blue Care Network of Michigan
- SSM-Health
- OPTUM™
- aetna
- CAESARS ENTERTAINMENT.
- PATIENTING
- HCSC Health Care Services Corporation
- Beth Israel Deaconess CARE ORGANIZATION
- OSF HEALTHCARE
- national partnership for women & families
- Montefiore
- Advocate Health Care
- Dignity Health.
- Trinity Health
- blue shield of california Blue Shield of California An independent member of the Blue Shield Association
- evolent HEALTH
- HERITAGE PROVIDER NETWORK Your health in good hands
- CENTRA
- Dartmouth-Hitchcock Health



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Health Care Transformation Task Force Guiding Principles

- We commit to have 75 percent of our respective businesses operating under value-based contracts payment arrangements by January 2020.
- Value-based delivery and payment systems must be designed to deliver the Triple Aim.
- We define value-based arrangements as those which successfully incentivize and hold providers accountable for the total cost, patient experience and quality of care for a population of patients.
- Health care costs should not continue to crowd out other vital national investments.
- All payers—public and private—should use the full extent of their capabilities and authority, including that provided to the U.S. Secretary of Health and Human Services, to make successful models national policy.



Guiding Principles (contd.)

- Any savings achieved through population health models should be shared among people, payers/purchasers and providers.
- Private and public payers must recognize that this effort will take years and they cannot expect to recover all investments in the short term.
- Value-based payment and delivery models should meet the needs of disadvantaged populations and strengthen the safety net providers who serve them.
- Alignment among public and private payers is critical.
- Data is essential to driving the success of care coordination and should be provided at a sufficiently granular level by those private and public entities currently holding it.
- Value-based systems should promote transparency of quality and cost metrics in a manner that is accessible to, and easily understood by, consumers.

