



Provider+ Web Conference Series

## Health Market 2.0: Navigating Provider + Payer Partnerships



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## Welcome

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### ■ Today's Speakers:

- » Sam Glick, Oliver Wyman
- » Richard Gilfillan, M.D., Trinity Health
- » Debora Kuchka-Craig, MedStar Health Inc.
- » Steven Scott, Anthem

### ■ Moderator:

- » Mark Waxman, Foley & Lardner LLP

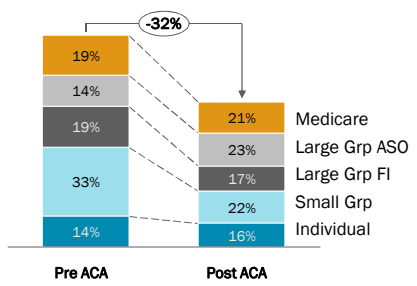
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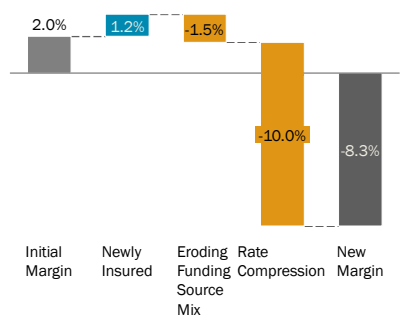


# A Tough Business Just Got Tougher

### Health Plan Operating Income by 2020

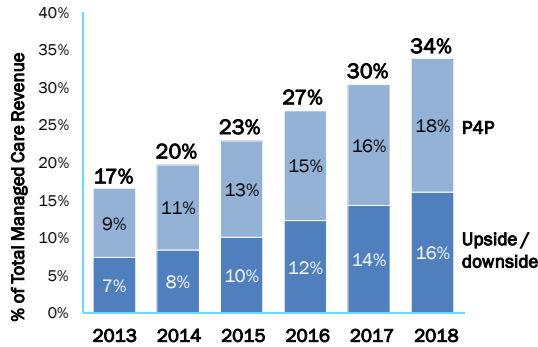


### Health System Operating Income by 2020



# 34% of MCO Reimbursement Value-Based By 2018

The managed care market is moving fast...



...with Medicare moving even faster

- CBO: MA plans will outperform FFS by 2020 – with average bids that are 6% lower than average FFS spending
- HHS: Goal is for 85% of all traditional Medicare payments to quality or value by 2016, and 90% by 2018

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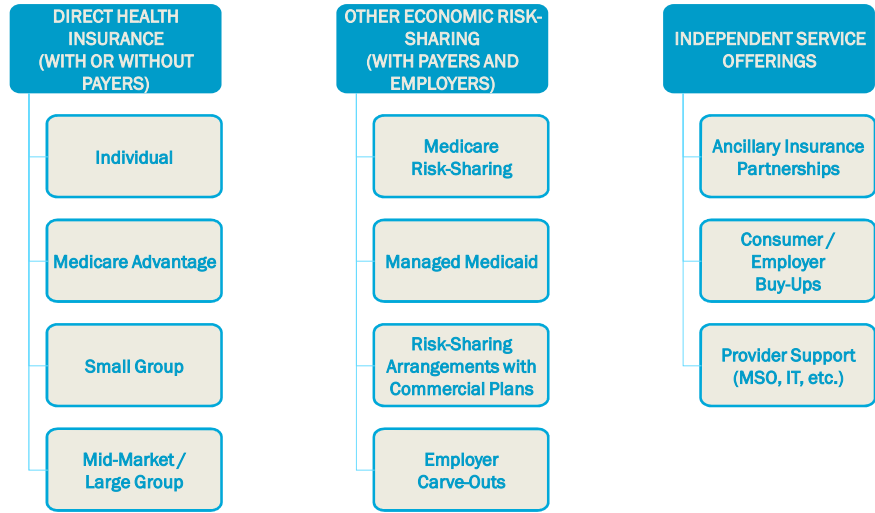
# The Business Model Must Change



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# New Avenues For Health System Commercialization



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# Payer-Provider Integration Works

**iorahealth**  
*Atlantic City*

- 12%** Reduction in total health care costs
- 48%** Fewer ER visits
- 41%** Fewer hospital admissions
- 40%** Increase in prescription fills

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**CAREMORE**  
*It's what we do.*

- 56%** Fewer CHF patient hospitalizations
- 18%** Cheaper than FFS Medicare
- 80%** Members who have told a friend

**In 2015,  
12 out of 13  
5-Star MA  
contracts are  
payer-provider  
integrated**

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Real value in health care is not zero sum...

...it is achieving better health outcomes at a lower total cost – with better underlying economics

# Trinity Health

Building a People-Centered Health System Together

Oliver Wyman/Foley & Lardner LLP

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



# Our Mission Drives Our Vision and Strategy

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We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.



## Our Core Values



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# Our Vision: What We Aspire To Be ... And What We Are Becoming ...

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As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve.  
**We will be the most trusted health partner for life.**

We serve diverse populations, with over  
**30 million people** in our communities

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# Our 21-state diversified network



Note: Home Care & Physician coverage based on communities served.  
 \* Owned, managed or in JOAs or JVs.  
 \*\*Operations are organized into Regional Health Ministries ("RHMs"), each an operating division which maintains a governing body with managerial oversight subject to authorities.

# Our Strategy: Building a “People-Centered Health System” Together



# People-Centered 2020: Our Strategic Plan Includes Five Focus Areas

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# We Have Significant Population Health Expertise In Our System Today

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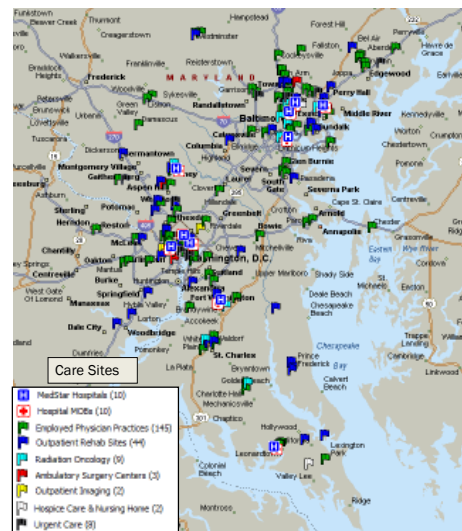
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## MedStar Health Inc.

### Week At A Glance

- Admits more than 2,900 new patients
- Treats 10,600 patients in our EDs
- Sees about 77,300 patients in outpatient services
- Performs 1,500 ambulatory surgeries
- Delivers 200 babies
- Conducts more than 5,100 home care visits



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## MedStar Health Inc.

- A “Distributed Care Delivery Network”
- Across Maryland & Washington DC Region
  - » Distribution Sites
    - Acute – 10 Hospitals
    - Ambulatory
    - Post Acute
    - Physician
  - » “Connective Tissue”
    - Home Care
    - Transportation
    - Technology, including Telemedicine
    - Information
  - » Population Health/Care Management Capabilities
  - » Research and Academics
  - » Constant Focus on Quality and Safety

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## MedStar Health Inc.

### ■ Well Positioned for Value Based Payment Models

- » Focus on Continuum of Care
- » Patient-Centric Thinking
- » Care Model Redesign
- » Physician Engagement
- » Health Information Technology

## Anthem

### America's Valued Health Partner

### ■ We are one of the nation's leading health benefits companies



**~71M**  
individuals served



**26 states\***  
Medicare presence



**52,000**  
associates



**19 states**  
Medicaid presence









**\$73B**  
total operating revenue




**14 states**  
BC or BCBS plan

\*Note: Plus 220 Medicare members in other states | Data as of 3/2015

# Lines of Business

| Commercial & Specialty   | Government   |
|--|--|
|  <ul style="list-style-type: none"> <li>• National Accounts</li> <li>• Large Group</li> <li>• Small Group</li> <li>• Individual</li> <li>• Exchanges</li> </ul> |  <ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Dual Eligibles</li> <li>• Long-Term Care</li> <li>• TANF/CHIP/SPD</li> </ul>            |
|  <ul style="list-style-type: none"> <li>• Dental</li> <li>• Vision &amp; Optical</li> <li>• Life &amp; Disability</li> </ul>                                    |  <ul style="list-style-type: none"> <li>• Medicare Advantage</li> <li>• Medicare Supplement</li> <li>• Medicare Part D</li> <li>• CareMore</li> </ul> |
|  <ul style="list-style-type: none"> <li>• AIM Specialty Health</li> <li>• Pharmacy</li> </ul>   |  <ul style="list-style-type: none"> <li>• National Government Services</li> <li>• Federal Employee Program</li> </ul>                                 |

# Landscape of Anthem Payment Innovation



|   |  |
|---|--|
| <p><b>787</b><br/>hospitals</p> <p><b>75% of inpatient admissions</b><br/>hospital payment for quality and safety</p> | <p><b>163,000</b><br/>physicians</p> <p>physician pay for quality and clinical outcomes</p>  |
| <p><b>143</b><br/>accountable care organizations</p> <p>Value-based contracts</p>                                     | <p><b>42,500</b><br/>primary care physicians</p> <p>Enhanced Personal Health Care including Patient Centered Medical Homes and Comprehensive Primary Care Initiative</p> |

## Question 1

- There is a renewed focus on “value based” delivery of health care and the pursuit of the Triple Aim. That is similar to what we heard in the 90s.
  - » Will the results be the same?

## Question 2

- Given the changing market place dynamics, how does your organization feel it should position itself to be successful over the next three to five years?
  - » Is there a basic strategy or a series of diverse efforts to discern what makes sense?

## Question 3

- **Providers are increasingly exploring the insurer/HMO space. And the Plans are increasingly looking to become providers.**
  - » Where do you see these two efforts going?
  - » Are they compatible?

## Question 4

- **Can Providers and Plans really be partners?**
  - » And if so, what would each need to do to really achieve that goal?

## Thank You

- Thank you for attending today's presentation.
- Presenters will now answer questions submitted by the audience.

## Save the Date

### **Provider + Retailers: The New Front Door to Health**

- The second web conference in the Foley/Oliver Wyman series will cover the rise of retail in health care and how services like e-health, direct primary care models, retail clinics and more are critical in Health Market 2.0.
- **Key topic to be discussed include:**
  - » What is driving provider and retailer partnerships?
  - » Why do these partnerships matter?
  - » Where are these partnerships headed?
  - » How do we move beyond 'doc in a box' to truly integrated population health partnerships?
- **Date and time: August 20 at noon central**