ALIGNING FOR SHARED ACCOUNTABILITY

LAN SUMMIT
Health Care Payment Learning & Action Network

Creating Infrastructure to Support Financial Risk-Taking
Welcome

Jeff Micklos
Executive Director
Health Care Transformation Task Force
Panelists

Brigitte Nettesheim
President of Joint Venture Markets
Aetna

Emily Brower
Senior Vice President of Clinical Integration and Physician Services
Trinity Health
Health Care Transformation Task Force
Patients, Payers, Providers and Purchasers Committed to Better Value Now
Established in 2014, the Health Care Transformation Task Force is a multi-sector industry consortium comprised of

- Providers
- Payers
- Purchasers
- Patients

committed to advancing delivery system transformation that drives rapid, measurable change for ourselves and our country.
HCTTF continues to progress towards our goal of 75% of business in value-based payment arrangements by the end of 2020.
Combining leading providers with Aetna’s expertise, the joint ventures are delivering a differentiated consumer experience.
The joint venture care management strategy

Approach helps care teams discover and resolve member issues, empowering them to advocate for their own wellness:
- Improve health literacy
- Increase disease knowledge
- Reduce obstacles to care
- Improve social health determinants

Focus is on those most in need, using data and algorithms to find and reach out to these members:
- Retrospective data
- Pharmacy data
- UM data
- Risk factors
- Historical data
- Alerts for admissions, discharges and transfers

Source: Aetna research. Study used a retrospective cohort design to compare members who were targeted for multidisciplinary care team after program start on January 1, 2017, and cases were closed by June 31, 2018.
Population Health & Alternative Payment Models:
Advancing People-Centered Care

Emily D. Brower
SVP, Clinical Integration & Physician Services
October 24, 2019
Trinity Health operates in 22 states and is one of the largest Catholic health care systems

$19.3B
In Revenue

1.6M
Attributed Lives

$1.2B
Community Benefit Ministry

129K
Colleagues

7.5K
Employed Physicians & Clinicians

27K
Affiliated Physicians

92
Hospitals*

18
Clinically Integrated Networks

13
PACE Center Programs

109
Continuing Care Locations

Data is FY19

*Owned, managed or in JOAs or JVs
Our Mission drives our Vision and strategy

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

Our Core Values

- Reverence
- Commitment to Those Who are Poor
- Justice
- Stewardship
- Integrity
Population Health for us is self-disrupting, but necessary to delivery true people-centered care

- Increasing healthcare costs are crowding out other services in our communities.
- Our patients & families are absorbing proportionately more of those higher costs.
- Our payers demand cost reductions – we strive to operate at Medicare payment rates.
- Population Health & APMs turn cost reductions into total cost of care return.
- APMs gives us a return not only when we drive down costs but when we increase quality and experience that attracts more patients, employers, providers and payers.
- Care within our networks is evidence we are delivering a differentiated experience for patients – and is our virtuous cycle.
We have participated in APMs with different levels of financial risks and reward since 2014.
We currently hold $10.4B in APM 3+ cost of care accountability for 1.6M people

<table>
<thead>
<tr>
<th>Program</th>
<th>Annual Medical Cost</th>
<th>Attributed Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare ACOs</td>
<td>$3.2 Billion</td>
<td>276,000</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>$1.6 Billion</td>
<td>166,000</td>
</tr>
<tr>
<td>Bundled Payment for Care Improvement</td>
<td>$430 Million</td>
<td>14,700</td>
</tr>
<tr>
<td>Commercial &amp; Medicaid</td>
<td>$3.8 Billion</td>
<td>955,000</td>
</tr>
<tr>
<td>PACE / LIFE</td>
<td>$323 Million</td>
<td>4,000</td>
</tr>
<tr>
<td>Colleague Health Plan*</td>
<td>$1.0 Billion</td>
<td>180,000</td>
</tr>
</tbody>
</table>

*Colleague health plan is total medical and Rx cost, not adjusted for domestic or colleague payroll contributions

As of 6/30/19
While we have made significant progress, we will go further, faster

Capabilities:
- Integrated Care Coordination across 94 hospitals, 16 Clinically Integrated Networks and hundreds of post-acute settings
- Ambulatory Quality Program that supports quality performance and reporting, with continuous year over year improvements in quality outcomes
- Data Infrastructure including APM payer claims from 47 different data feeds
- Well positioned to take advantage of CMS’ new Direct Contracting payment model

FY2019/CY2018 Results:
- Trinity Health ACO, a Next Generation ACO (NGACO), earned $6.5M in shared savings its first year and $8.5M in its second. Third year (2018) results currently embargoed.
- Trinity Health Integrated Care (THIC), a Medicare Shared Savings Program Track 3 ACO, earned $18.7M in shared savings for CY2018 after earning $12M in CY2017, its first year.
- Bundled Payments for Care Improvement (BPCI) earned over $50M in gainshare in the last two fiscal years.
- All our ACOs have achieved year-over-year improvements on quality measures, with many results in the 90th percentile (NGACO results currently embargoed).
Please select the category that best describes the stakeholder group you represent.
If you are a payer or provider, how many two-sided risk payment arrangements do you operate?
Visit the LAN Website for our Resources
https://hcp-lan.org/

What is the Health Care Payment Learning & Action Network?

The Health Care Payment Learning & Action Network (HCPLAN, or LAN) is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system's adoption of alternative payment models (APMs). The LAN mobilizes payers, providers, purchasers, patients, product manufacturers, policymakers, and others in a shared mission to lower care costs, improve patient experiences and outcomes, reduce the barriers to APM participation, and promote shared accountability.

Since 2015, health care stakeholders have relied on the LAN to align them around core APM design components, host forums and summits to share information and inspire action, build consensus among leaders, and measure the progress of APM adoption. The LAN will continue to be a trusted partner that connects the public and private sectors, identifies and shares best practices, and guides the field in rapidly moving to value-based payment.

OUR GOAL STATEMENT

<table>
<thead>
<tr>
<th>Year</th>
<th>Medicaid</th>
<th>Commercial</th>
<th>Medicare Advantage</th>
<th>Traditional Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>15%</td>
<td>15%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>2022</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
<td>50%</td>
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Exit Survey
We want to know what you think!

Let us know your thoughts at the end of each session! The Guidebook app provides quick, simple evaluations for your feedback.

Session Evaluation Survey (or scan QR code)
LAN Summit Overall Survey
Contact Us
We want to hear from you!

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Thank You!