The Transformation to Value: A Provider Perspective

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Executive Director  
HCTTF

Jason Dinger, PhD  
Chief Incubation Officer  
Ascension

Rick Gilfillan, MD  
CEO  
Trinity Health

Jeff has been the Executive Director of the Task Force since 2015. He previously served as General Counsel for the Federation of American Hospitals.

Jason is the Chief Incubation Officer of Ascension, the largest nonprofit health system in the US. He previously served as the COO of Ascension Care Management/CEO of MissionPoint Health Partners.

Dr. Gilfillan is the CEO of Trinity Health, a $15.8B health system that serves communities in 21 states. He served as the first director of the Center for Medicare and Medicaid Innovation, and has 25 years of experience as a health care leader.
Agenda

- Introduction to the Health Care Transformation Task Force
- The Transformation to Value Project: Introduction and Framework
- Transformation Stories: Ascension Health and Trinity Health
- Perspectives on the Dimensions of Transformation
  - Strategy and Culture
  - Structure and Investments
  - Operations and Accountability
  - Performance Management
- Q&A
- Upcoming Webinars
Who we are: Our mission to achieve results in value-based care

The Health Care Transformation Task Force is an industry consortium that brings together patients, payers, providers, and purchasers to align private and public sector efforts to clear the way for a sweeping transformation of the U.S. health care system. We are committed to rapid, measurable change, both for ourselves and our country.

We aspire to have 75% of our respective businesses operating under value-based payment arrangements by 2020.
Our Members: Patients, Payers, Providers and Purchasers committed to better value
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The Transformation to Value Project: Introduction

• Product of the HCTTF Path to Transformation Advisory Group
• Based on the Dimensions of Transformation Strategy Framework (following slide), a tool to help organizations design and implement their transition to value-based payment and care delivery
• Reports reflect the experiences of 15 organizations who provided insight into their transformation journeys
  • 3 payers
  • 9 providers
  • 3 partners (guide providers through value transformation)
<table>
<thead>
<tr>
<th><strong>Dimensions</strong></th>
<th><strong>Concept</strong></th>
<th><strong>Execution</strong></th>
<th><strong>Sustainability</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Strategy &amp; Culture</strong></td>
<td>Organization</td>
<td>What is the formal organizational structure, and what are the roles of organizational participants? What partners are needed? Are there benefits to using a separate corporate structure or entering into joint ventures?</td>
<td>How does governance define the value-based care proposition, and how does governance establish the organization’s commitment to “cultural reengineering” around person-centered care? How are consumer priorities identified and achieved? How are performance metrics defined?</td>
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<td></td>
<td>Governance</td>
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<td></td>
<td>Executive &amp; Clinical Leadership</td>
<td>How does executive and clinical leadership plan, execute, and evaluate the cultural reengineering plan? What other strategic priorities are necessary for execution? What performance metrics are established to review progress?</td>
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<tr>
<td><strong>Structure &amp; Investments</strong></td>
<td>Infrastructure</td>
<td>What infrastructure is needed to support the value-based model of care? How is infrastructure assessed, built, and maximized?</td>
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<td></td>
<td>Workforce</td>
<td>What skills, competencies, and roles are needed to support the new models of care delivery? How are staff recruited or re-trained to incorporate new staff roles and functions? What are the performance metrics?</td>
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<td></td>
<td>Business Focus Areas</td>
<td>How are initial payment models or care delivery models identified? How are distinct payment models/care delivery models integrated? How is consumer engagement planned and achieved?</td>
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<tr>
<td><strong>Operations &amp; Accountability</strong></td>
<td>Operational Alignment</td>
<td>How are the objectives of value-based care managed across multiple operational service lines? Who is responsible for operational alignment planning and its execution? What training activities are necessary for success?</td>
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<td></td>
<td>Financial Incentives</td>
<td>How are operational and clinical managers incentivized to ensure movement towards value-based care goals and objectives? Who is responsible for reviewing performance of the operational and clinical managers?</td>
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<td></td>
<td>Quality Measurement</td>
<td>How does the organization evaluate and measure progress on quality improvement? Who is responsible for collecting/reviewing/acting upon quality measures?</td>
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<td><strong>Performance Measurement</strong></td>
<td>Process &amp; Outcomes Evaluation</td>
<td>What mechanisms are in place to evaluate the implementation, progress, and outcome of value-based care programs? What types of feedback loops are in place to make adjustments based on evaluation results?</td>
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<td></td>
<td>Financial Modeling</td>
<td>What information does the organization review to perform financial modeling and determine predicted returns on investment? Who is responsible for reviewing financial performance and making refinements?</td>
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**DIMENSIONS OF HEALTH CARE TRANSFORMATION: A STRATEGY FRAMEWORK**

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Background: Ascension

- Largest non-profit health system in the US, and the world’s largest Catholic health system based in St. Louis, MO
- More than 150,000 associates and 36,000 aligned providers
- 2500 sites of care, including 141 hospitals, 30+ senior living facilities, in 24 states and DC
- Value initiatives include:
  - Medicare Shared Savings Program
  - Episodes of Care
  - CPC+
  - Commercial Risk Arrangements
  - Joint Venture
Background: Trinity Health

- National, non-profit Catholic health system based in Livonia, MI
- More than 120,000 employees, including 5300 physicians
- Operates 93 hospitals in 22 states, including 120 continued care facilities (home care, hospice, PACE, senior living)
- Value initiatives include:
  - Medicare Shared Savings Program
  - Next Generation ACO Program (Medicare)
  - Episodes of Care
  - CPC+
  - Commercial Risk Arrangements
  - Joint Venture
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Perspectives on the Dimensions of Transformation
## Strategy and Culture Dimension

<table>
<thead>
<tr>
<th>Subdimension</th>
<th>Key Elements</th>
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</thead>
<tbody>
<tr>
<td><strong>Organization</strong></td>
<td>• Formal organizational structure and roles</td>
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<td></td>
<td>• Types of partners needed</td>
</tr>
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<td></td>
<td>• Separate corporate structure vs. joint ventures</td>
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<td><strong>Governance</strong></td>
<td>• Establishment of commitment to cultural reengineering</td>
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<td></td>
<td>• Identification of consumer priorities</td>
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<tr>
<td><strong>Executive &amp; Clinical Leadership</strong></td>
<td>• Planning, execution, and evaluation of cultural reengineering</td>
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<td>• Other strategic priorities</td>
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<td>• Performance metrics</td>
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- What are your key successes?
- What are the most critical mistakes made and lessons learned?
- Are there any recommendations you might make to other organizations?
## Structure and Investments Dimension

<table>
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<tr>
<th>Subdimension</th>
<th>Key Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infrastructure</td>
<td>• Infrastructure needed to support the value model</td>
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<tr>
<td></td>
<td>• Assessment, building, and maximization of infrastructure</td>
</tr>
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<td></td>
<td>• Capital needs and available financing resources</td>
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<tr>
<td>Workforce</td>
<td>• Skills/competencies/roles needed to support the model</td>
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<tr>
<td></td>
<td>• Staff recruitment and retraining</td>
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<td></td>
<td>• Performance metrics</td>
</tr>
<tr>
<td>Business Focus Areas</td>
<td>• Identification of initial payment/care delivery models</td>
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<td>• Integration of models</td>
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<td></td>
<td>• Planning/achievement of consumer engagement</td>
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# Operations and Accountability Dimension

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<tr>
<th>Subdimension</th>
<th>Key Elements</th>
</tr>
</thead>
</table>
| **Operational Alignment**   | • Management of objectives across multiple LOBs  
                               • Responsibility for alignment planning and execution  
                               • Training activities for success |
| **Financial Incentives**    | • Incentivization of operational/clinical managers  
                               • Responsibility for reviewing performance of operational/clinical managers |
| **Quality Measurement**     | • Evaluation/measurement of quality improvement  
                               • Responsibility for collection, review, and action on quality metrics |

- What are your key successes?
- What are the most critical mistakes made and lessons learned?
- Are there any recommendations you might make to other organizations?
Performance Measurement Dimension

### Subdimension

#### Process and Outcomes Evaluation
- Mechanisms to evaluate implementation, progress, and outcomes of value-based care programs
- Feedback loops to make results-based adjustments

#### Financial Modeling
- Review of information for financial modeling and ROI predictions
- Responsibility for reviewing financial performance and subsequent refinements

### Key Elements

- What are your key successes?
- What are the most critical mistakes made and lessons learned?
- Are there any recommendations you might make to other organizations?
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Questions?
Use the question box on the Zoom screen

To access our materials and the recording of this webinar, please visit:
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Upcoming Webinars

November

Transformation to Value: A Payer Perspective (11/2, 4 – 5pm ET)
• A review of the Dimensions of Transformation Framework, along with an in-depth conversation with payer executives Kevin Klobucar of BCBS Michigan and Brigitte Nettesheim of Aetna on the experience of transitioning to value

November

Identifying the Levers of ACO Success (Part 1)
• An introduction to the levers of success for Accountable Care Organizations, accompanied by real-world case studies from high-performing ACOs that have achieved a high-value culture to drive success

December

Identifying the Levers of ACO Success (Part 2)
• A review of key findings from our study on the levers of ACO success, and case studies from high-performing ACOs. Will focus on key strategies around proactive population health management and structures for continuous improvement

To sign up for invitations to our webinar series, please visit: http://hcttf.org/sign-up