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HEALTH CARE TRANSFORMATION TASK FORCE ANNOUNCES SUBSTANTIAL INCREASE IN VALUE-BASED PAYMENTS

Sentara Healthcare signs on as newest HCTTF member

WASHINGTON (December 18, 2018) – The [Health Care Transformation Task Force](#) (HCTTF or Task Force), a group of leading health care payers, providers, purchasers and patient organizations, today announced that its provider and payer members had nearly half (*i.e.*, 47 percent) of their business in value-based payment arrangements at the end of 2017.

The Task Force and its members have committed to reaching the goal of 75 percent of their respective businesses operating under value-based payment arrangements by the end of 2020. These arrangements focus on lowering cost, improving the quality of care, and ultimately producing better population health. The new report shows continued progress towards that goal in 2017, with participation in value arrangements increasing from 41% in 2016 and 30% in 2015.

“There is growing evidence that value-based care leads to better health, better care, and reduced total cost. That’s why our members remain focused on reaching the goal of 75 percent by 2020,” said Fran Soistman, Executive Vice President and Head of Government Services with Aetna and HCTTF Chair. “This report demonstrates Task Force members’ commitment to accelerating the pace of transformation toward value-based care across the health care continuum.”

“The transition to value is a challenging journey, and much work lies ahead,” said Jeff Micklos, Executive Director of HCTTF. “While the uncertain landscape in 2017 around value-based care impacted overall industry progress, we’re pleased to see our members continue the forward momentum.”

The Task Force defines value-based payment arrangements as those that “successfully incentivize and hold payers and providers accountable for the total cost, patient

experience, and quality of care for a population of patients, either across an entire population over the course of a year or during a defined episode that spans multiple sites of care.”

The numbers are based on responses from 14 provider and payer Task Force members that responded to the year-end survey. The averages reported are the combined average of each system, and they are not weighted to reflect the organization’s size.

The Task Force also announced today that [Sentara Healthcare](#), one of the nation’s leading integrated healthcare systems, is now a member. The Virginia-based healthcare system includes 12 hospitals as well as advanced imaging centers, nursing and assisted livings centers, outpatient campuses, physical therapy and rehabilitation services, a home health and hospice agency, a 3,800-provider medical staff, four medical groups and offers health insurance products through its Optima Health division.

“Sentara Healthcare shares HCTTF’s commitment to advancing value-based care designed to deliver the triple aim of better health, better care, and reduced total cost,” said Howard P. Kern, MHA, FACHE, President & Chief Executive Officer of Sentara Healthcare. “We look forward to collaborating with like-minded organizations as HCTTF helps lead the way to a better, more affordable health care system that puts patients first and focuses on high quality outcomes.”

As a member of the Task Force, Sentara Healthcare will join an alliance that shares deep operational expertise and experience while offering a strong policy voice on value-based payment and care delivery. Sentara’s addition to the membership adds to an already strong year of new members, including Geisinger, Kaiser Permanente, Blue Cross Blue Shield of North Carolina, and Blue Cross Blue Shield of South Carolina, among others. The Task Force’s Board of Directors meets quarterly and oversees six work groups that meet monthly to address a variety of consumer-centered, value-based payment topics.

For more information please visit: www.hcttf.org

ABOUT THE HEALTH CARE TRANSFORMATION TASK FORCE

Health Care Transformation Task Force is a unique collaboration of patients, payers, providers and purchasers working to lead a sweeping transformation of the health care system. By transitioning to value-based models that support the Triple Aim of better health, better care and lower costs, the Task Force is committed to accelerating the transformation to value in health care.

TASK FORCE MEMBERS: Aetna • agilon health • Aledade • American Academy of Family Physicians • Anthem, Inc. • ApolloMed • Archway Health • Ascension • Atrius Health • Blue Cross Blue Shield of Massachusetts • Blue Cross Blue Shield of Michigan • Blue Cross Blue Shield of North Carolina • Blue Cross Blue Shield of South Carolina • CareCentrix • ChenMed • Clarify • Cleveland Clinic • Community Catalyst • ConcertoHealth • Dignity Health • Encompass Health • Evolent Health • Geisinger • HRHCare • Kaiser Permanente • Mark McClellan • National Health Law Program • National Partnership for Women & Families • OSF HealthCare • Pacific Business Group on Health • Partners Healthcare • Patientping • Premier • Remedy Partners • SCL Health • Sentara Healthcare • Trinity Health • True Health New Mexico • Tucson Medical Center • Washington State Health Care Authority • UAW Retiree Medical Benefits Trust