

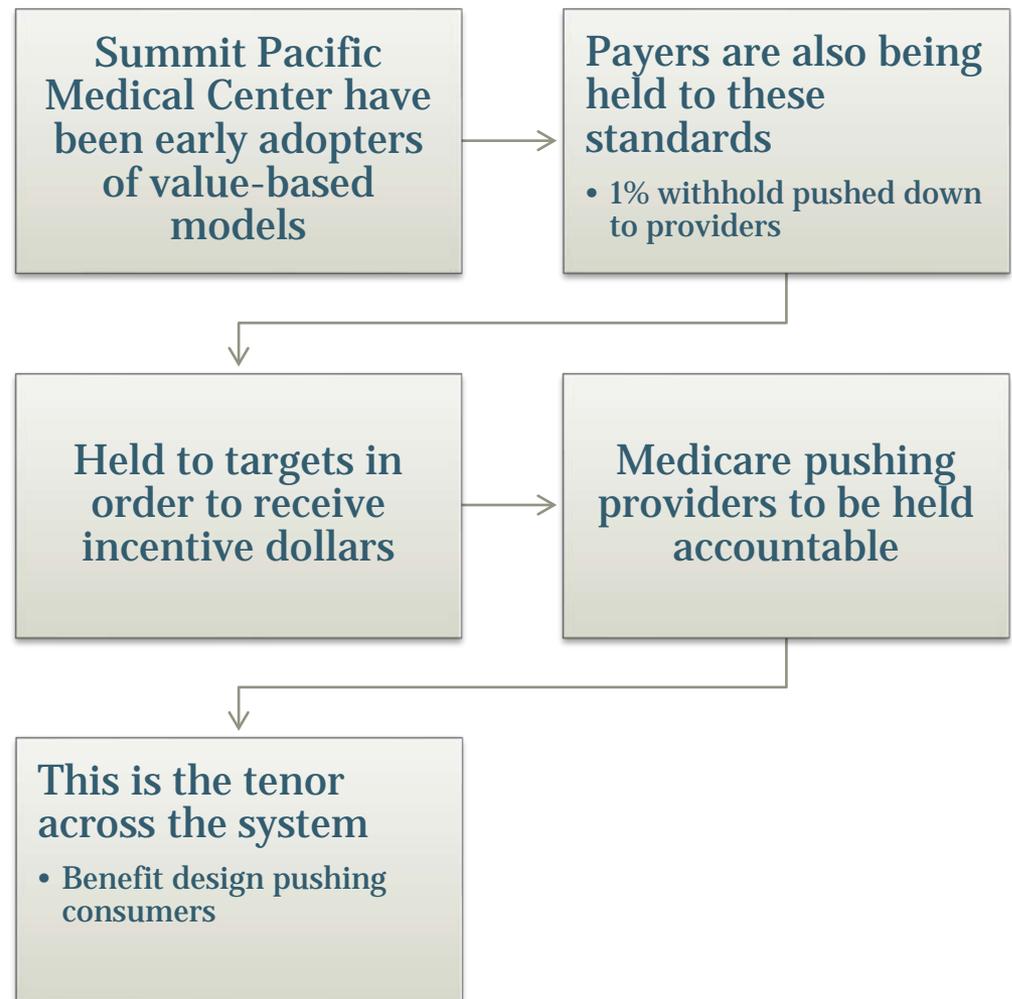


Summit Pacific Medical Center

- Began Value-Based efforts in 2013
- 2nd Medicare Shared Savings Program
- Medicaid Value-Based Purchasing Contracts with significant success
- Innovative approach to caring for our region
 - Health
 - Housing
 - Economic stimulus



Why VBP?





Current state

- SPMC and provider organizations must look at ROI on value-based contracts
 - Upfront cost are commitment of organizations: dollars aren't there
- Facing budgetary cuts out of our control
 - Shifting political landscape
- Rapidly moving toward contracts with increased risk
 - Are we ready given these challenges



Key to Population Health

- ACHs are a conceptual solution to fill the gap between clinical & community services
 - But what does that look like?
- Breaking out of silos
- Reaching across sectors for partnerships
 - Support and infrastructure to bring others along

VBP is about changing the way providers deliver care to manage the health of a population



Current system

- Fragmented care delivery
- Disjointed care transitions
- Disengaged clients
- Capacity limits
- Impoverishment
- Inconsistent measurement
- Volume-based payment



Transformed System

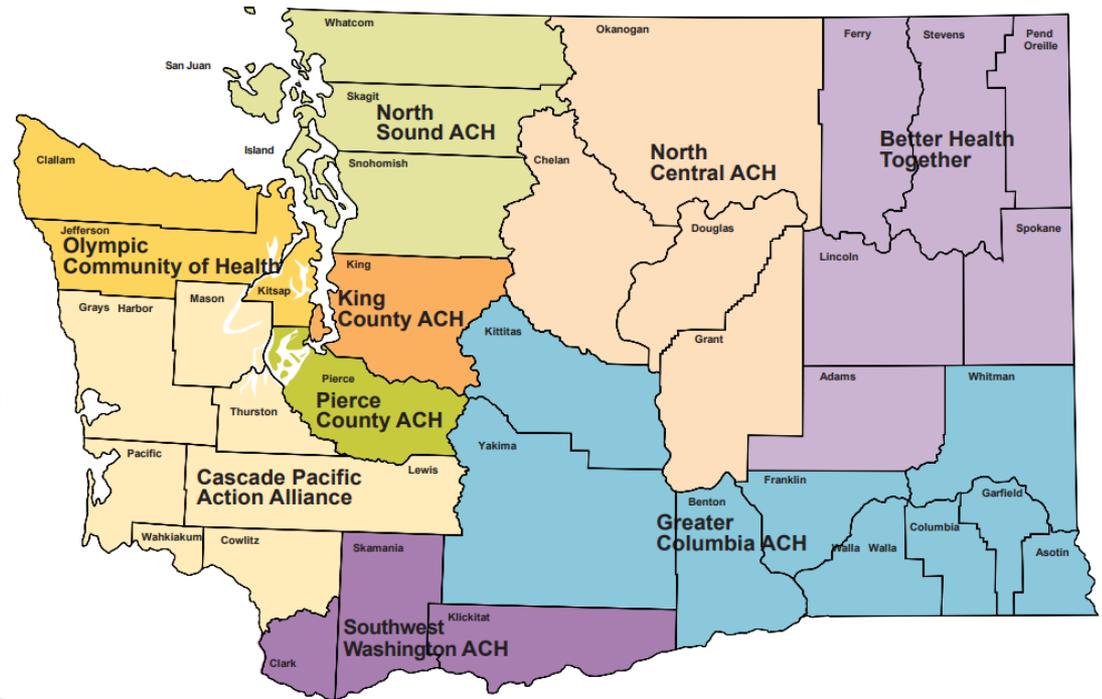
- Integrated, whole-person care
- Coordinated care
- Activated clients
- Access to appropriate services
- Timely supports
- Standardized measurement
- Value-based payment



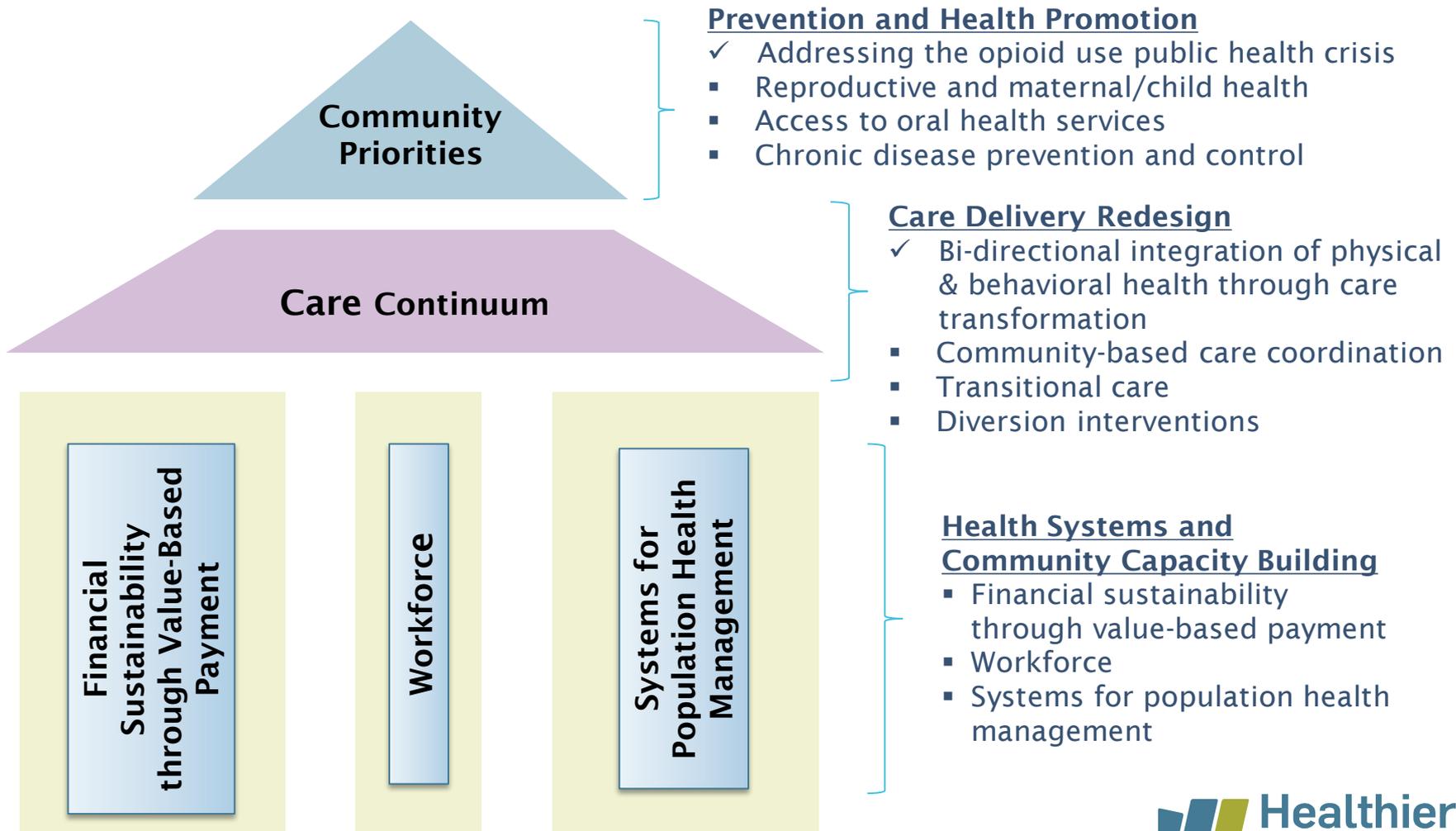
Why ACHs?

Accountable Communities of Health:

- Address health issues through local **collaboration on shared goals.**
- Better align resources and activities that **improve whole person health and wellness.**
- **Support local and statewide initiatives** such as the Medicaid Transformation Demonstration, practice transformation and value-based purchasing.



The foundation for success includes VBP, clinical quality elements, and workforce



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The intersection

- We're all being incentivized to manage the health of our populations
- How do we create a bridge between ACHs and all systems, regardless of payer?



We have the building blocks

- Experimenting with community-clinical linkages through ACHs
- Collective-impact approach
 - Common agenda, aligned partners, awareness of need
- Trusted partners in bringing people together
- Shared accountability
 - In all sectors
 - Success at clinical measures takes regional partnership and approach
- Set to have robust data at their disposal
 - Clinical, housing, education, incarceration



Moving beyond just shared vision

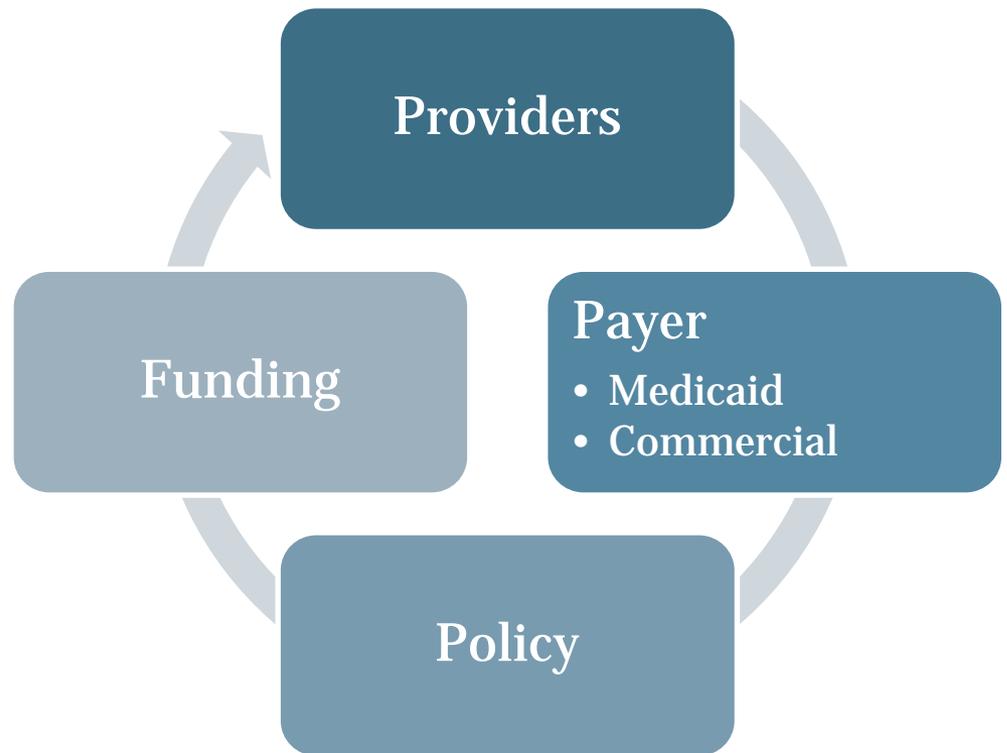
- We need to start asking questions
 - How are ACHs going to bridge community across sectors?
 - How can providers be successful in value-based contracting?
 - How can we stay afloat within the construct of Medicare value-based arrangements?
 - Are ACHs tenable in the long run?
 - What questions are we not asking?



If we get it
right...

- Opportunity to change the paradigm for
 - Data
 - Measurement
 - Aligned payment & incentives
- Across the delivery system
 - Bridging multiple sectors together as one system to manage the health of a population
 - Breaking down silos

Big Picture





This goes beyond Medicaid

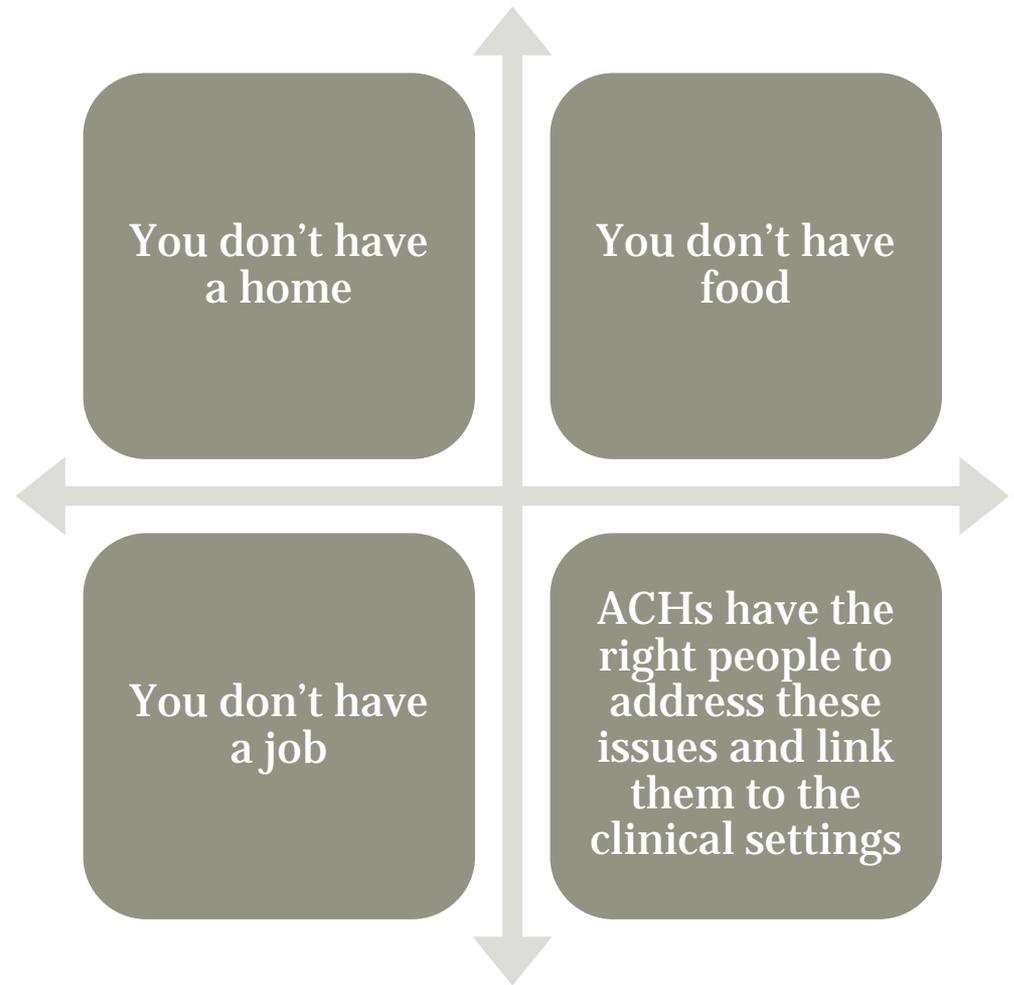
- Providers consider their patient, not payer
- Whether urban/rural you're seeing a mix of people
 - It doesn't matter who's paying
 - It's about providing the best care
- Payer mix has an impact on our ability to provide care
 - Competing reports, measures, etc.
- Providers are accountable to multiple payers



We need commercial payers

- Medicare & Medicaid are generally aligned
- If ACHs don't view commercial systems as a critical part of the system, then health transformation is bound to fail.
 - If ACHs want to hit their targets, they need to consider commercial systems as a critical part of their work
- Alternatively,
 - If commercial systems don't see ACHs as an opportunity to make linkages, they're also bound to fail.

You're
likely to be
less healthy
if





Where can we start to build connections?

Providers need

Community supports to focus on health factors outside of the clinical setting

Common requirements for getting paid

Common transformation support and strategies

Community supports need

Resources

Providers to be focused on clinical health

To be connected to the overall health system

Payers need

Flexibility

Guarantee of success

To minimize risk



What is the opportunity?

- What do partners need?
- What are they doing?
- What's their appetite for change?
- Do ACHs know we're all counting on them?
 - Need mutual investments & trust
- ACHs and risk mitigation



Questions

- How do we build the bridge?
- What worries you?
- What role could ACHs play for you?
- Is what you're currently doing going to work in the long run?
- Who are you working with now?
- How could the function of linking clinical & community help you achieve your goals?



Questions

- How do we address social determinants within the scope of the ACH?
- What is the sustainability of ACHs?
- How do ACHs leverage and support Value-Based care contracts?
- How do ACHs contribute to the goal of population health?