Making Things Happen and Stick: Innovative Strategies to Transform Our Health Care Delivery System

December 12, 2012



Confidential and Proprietary, ©Carol Corporation, 2009.

Expecting our massive, very well-financed, high revenue, high margin, high growth, healthcare infrastructure to voluntarily reduce costs and prices and expecting them to voluntarily and spontaneously improve either outcomes or care quality is unfortunately naive. It is almost entirely funded by a steady and massive stream of fees and cash payments that have no linkage to either care quality, efficiency or results. It is magical thinking to believe that health care delivery can, or even could, reform itself in any significant way. There is no economic reward for improving care.

George Halvorson, CEO of Kaiser-Permanente

Ugly Truth #2

"Today, we are spending over \$2 trillion a year on health care -- almost 50 percent more per person than the next most costly nation. And yet, as I think many of you are aware, for all of this spending, more of our citizens are uninsured, the quality of our care is often lower, and we aren't any healthier. In fact, citizens in some countries that spend substantially less than we do are actually living longer than we do.

"Make no mistake: The cost of our health care is a threat to our economy. It's an escalating burden on our families and businesses. It's a ticking time bomb for the federal budget. And it is unsustainable for the United States of America. "

President Barack Obama in an address to the AMA June 15, 2009.

Where Does Your Health Insurance Dollar Go?



*Includes prevention, disease management, care coordination, investments in health information technologies and health support. **Includes the inpatient costs of hospitals and the outpatient costs of hospitals

and free-standing clinics.

Based on a PricewaterhouseCoopers' analysis, Factors Fueling Rising Healthcare Costs 2006. © 2006 America's Health Insurance Plans

AHI



Ugly Truth #3

Plan

- Cost per unit
- Number of units
- Price transparency
- Benefit design



Provider

- Price per unit
- Number of units
- Cost efficiency
- Revenue cycle mgt

L. P. Casalino, S. Nicholson, D. N. Gans et al., "What Does It Cost Physician Practices to Interact with Health Insurance Plans?" *Health Affairs* Web Exclusive, May 14, 2009, w533–w543.



Question - Nirvana in Health Care ?

Answer – Accountable Health Care Organizations !

How to define ?

"If you've seen one, you've seen one"



Confidential and Proprietary, ©Carol Corporation, 2009.

Iowa Health System

• A. Accountable Care Organizations

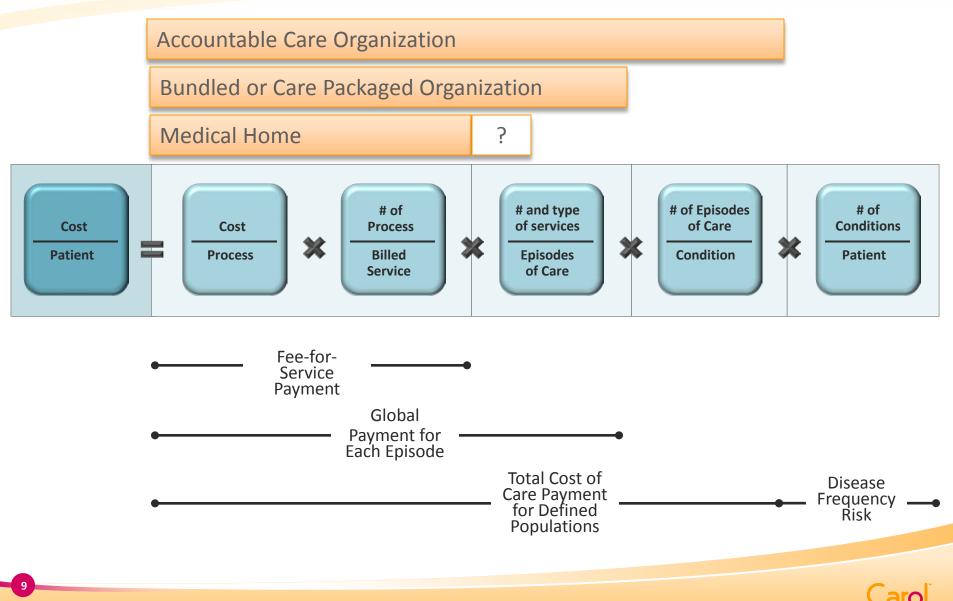
- This change would create integrated organizations (hospitals and physician groups) explicitly focused on a clinical culture that supports quality care. Such organizations could be evaluated, compared and held responsible for their clinical outcomes.
- Current Medicare volume growth is unsustainable, quality of care is uneven across the country and lack of care coordination is common. Accountable care organizations are a mechanism that can counteract the incentive for volume growth and reward improved quality.
- Accountable care organizations are responsible for all patients, not just those with multiple chronic conditions or those admitted to a hospital. The key incentives for accountable care organizations are to keep patients healthy and reduce hospital admissions.



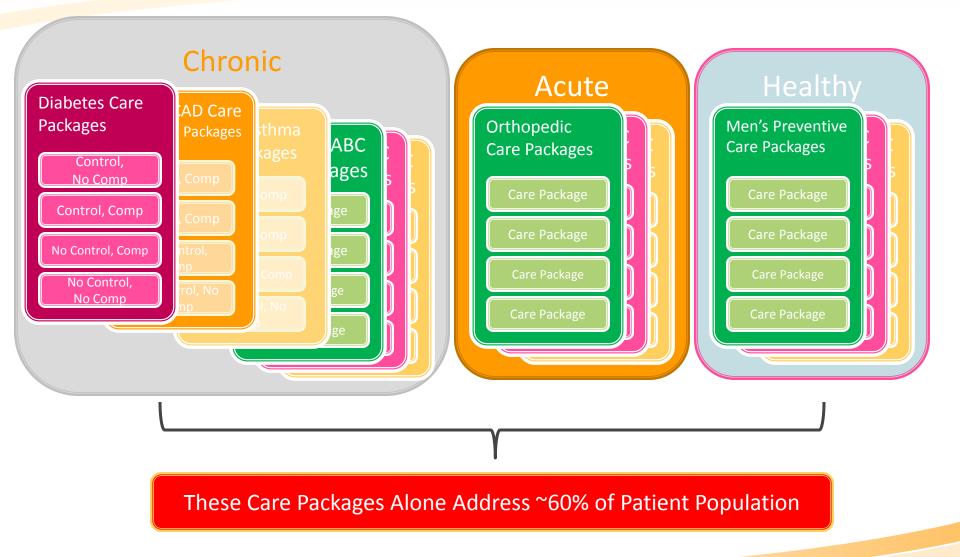
Iowa Health System (continued)

Iowa Health System has designed a medical home model (primary care providers rendering comprehensive, preventative and coordinated care centered on patient needs; using health information technology and other process innovations to assure high quality, accessible and efficient care) which is a springboard for movement to an accountable care organization. We seek to be chosen by the Centers for Medicare and Medicaid Services (CMS) as a demonstration site to pilot a medical home model. We also are an ideal candidate to pilot an accountable care organization care model in future CMS or other federal demonstration projects on health-care delivery reform.

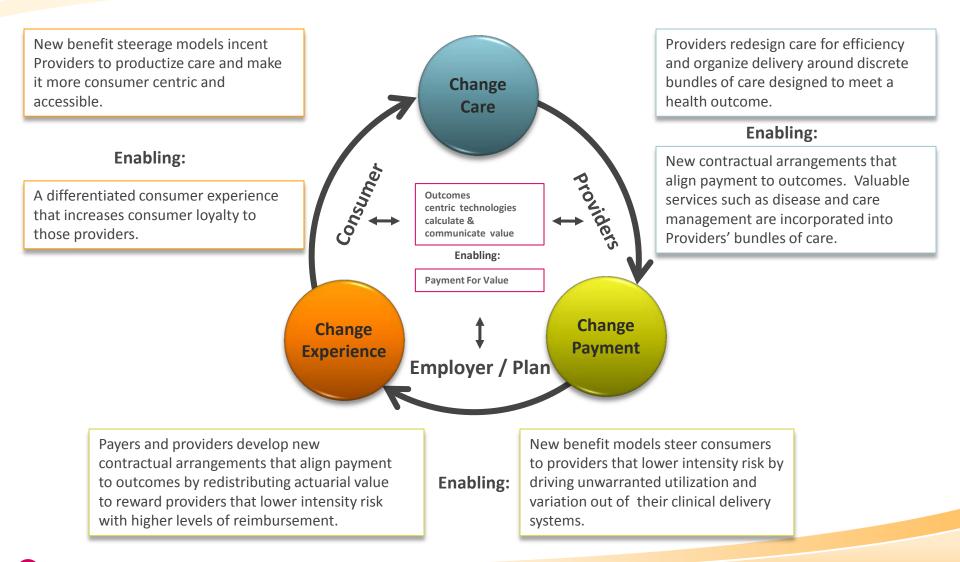
Options for Different Payer Contracts with Varying Levels of Risk



Bundled or Care Packages That In Compilation Achieve Overall Panel Management

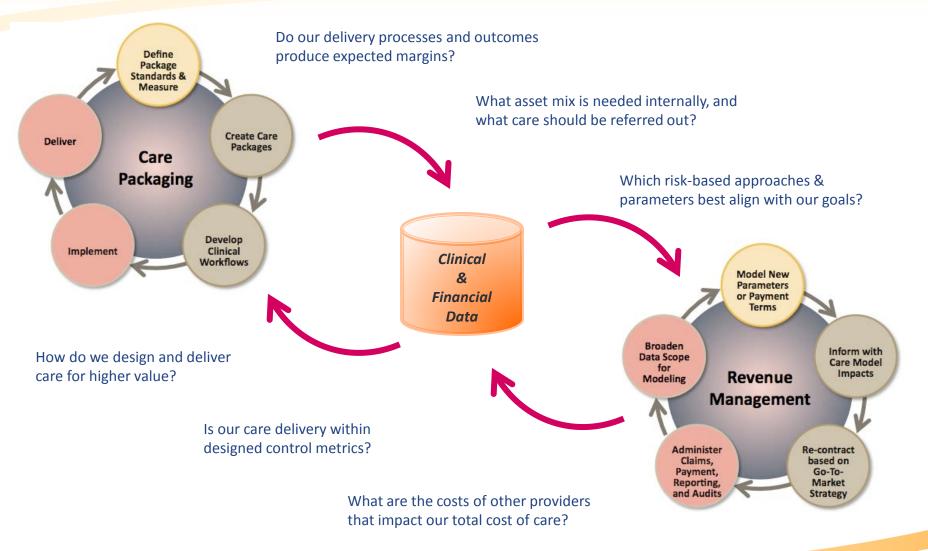


Care Packaging a New Value Chain

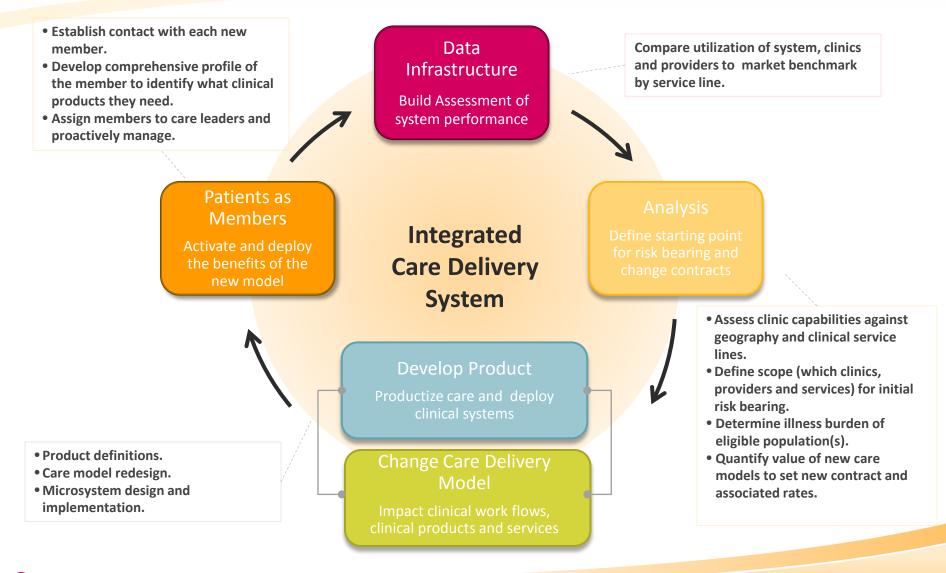




Framework: Data Infrastructure



Transition from a Volume-Based Business Model to a Value-Based Business Model, i.e., Care Packaging



Fairview Health Services – Innovation Journey

Panel Management & Increased Market Share Offsets Lost Utilization Due to Improved Outcomes

YEAR 3: BREAKOUT •Near Real Time Performance Management System •Risk Contract with Affiliates •Productized Care 50% OP / 20% IP •Team Based Care at All Clinics

Team Based Care Creates Panel Management Capability, Allowing Us to Treat Larger Patient Panels With More Cost Effective Resources

Care Model Redesign Creates Proactive Team Based Care Coordination and Management YEAR 2: DIFFUSION •Team Based Care at 20 Clinics •Productized Care 20% OP / 10% IP •Compensation/Evaluation Rewards Outcomes •Prototype with Affiliates

YEAR 1: FOUNDATION •Team Based Care Model Codified & Measured •Product Development System Codified & Measured •Outcomes Based Compensation/Performance Evaluation Prototype •Performance Management System Prototype

Better Outcomes Attract More Patients and Strengthen Relationships with Payers and Affiliates, Increasing Market Share

> Care Packages Organize Care Team Activities to Deliver Low Variance Quality and Efficient Outcomes

> > Carol.

The Partnership

| ne Partnership | | | |
|---|---|---|--|
| | Year 1 | Year 2 | Year 3 |
| Assess Performance | Models to Quantify and Forecast Fairview's Differential Value | Weekly feedback on clinical & financial performance embedded in work flow | |
| | Near real time BI provides feedback on clinical & financial performance embedded in workflow | | |
| Determine Risk Bearing Ability and Change Contracts | Models to ID areas to take risk & Forecast Performance under risk contracts | Monitor weekly performance of contracts | risk |
| | Clinically Informed Risk Scoring Model Module | | |
| Productize Care | Implement 10 CPs | CPs for 20% of OP / 10% IP | CPs for 50% of OP / 25% IP |
| Deliver Care | Gaps In Care Module | | |
| | Capacity Planning Module | | |
| | Production Scheduling Module | | |
| Membership Enrollment and | Manual Patient Assignment to Panel | | tient Assignment Module |
| Activation | Manual Patient Enrollr | nent and Activation | Patient Enrollment & Activation Module |
| Care Delivery Change Management | | | Care Transition in 50 Clinics |
| Compensation | Model Prototype in OP Mod | comes Based Comp del Prototype for OP IP for Service Line | nes Based Comp Model for System |

So, where are we in our search for Innovative Strategies?



Thanks,

Andrew W. Dahl, Sc.D., FACHE awdahl@yahoo.com



Confidential and Proprietary, ©Carol Corporation, 2009.