

THE TIME FOR ACCOUNTABILITY IS NOW:

A Discussion of How Both the Private and Public Sector are Accelerating the Move to Accountability

4/7/2015



INTRODUCTIONS



Sean Slovenski

CEO

Intel-GE Care Innovations

A PARTNER YOU CAN TRUST

WHO WE ARE

Intel-GE Care Innovations™ is a joint venture between Intel Corporation and GE. Each company has a long history of driving innovation, solving hard problems and creating new markets.

Care Innovations is transforming the way that healthcare is delivered with progressive solutions that solve real problems.

OUR VISION FOR THE FUTURE

The healthcare landscape is constantly changing. Medical resources are stretched. People are living longer. Seniors want to maintain their current level of independence as they age.

Even as the healthcare landscape continues to evolve, we envision millions of people living healthy connected lives in their homes.

Care Innovations' flexible solutions connect people to their care teams and give them the confidence to live, wherever they call home.



OUR GOAL

IMPROVE CARE. REDUCE COSTS. MANAGE RISK.

CONSULTATIVE
PARTNERSHIP



SMART SENSOR
ANALYTICS



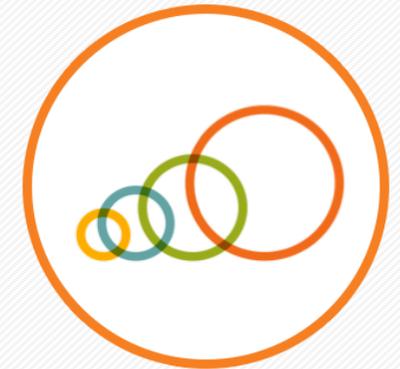
REMOTE CARE
MANAGEMENT



CONSUMER
ENGAGEMENT



INDUSTRY
LEADERSHIP



Care Innovations provides comprehensive end-to-end solutions to unlock health organizations' potential and manage outcomes more effectively in the home.

INTRODUCTIONS



Chris Dawe

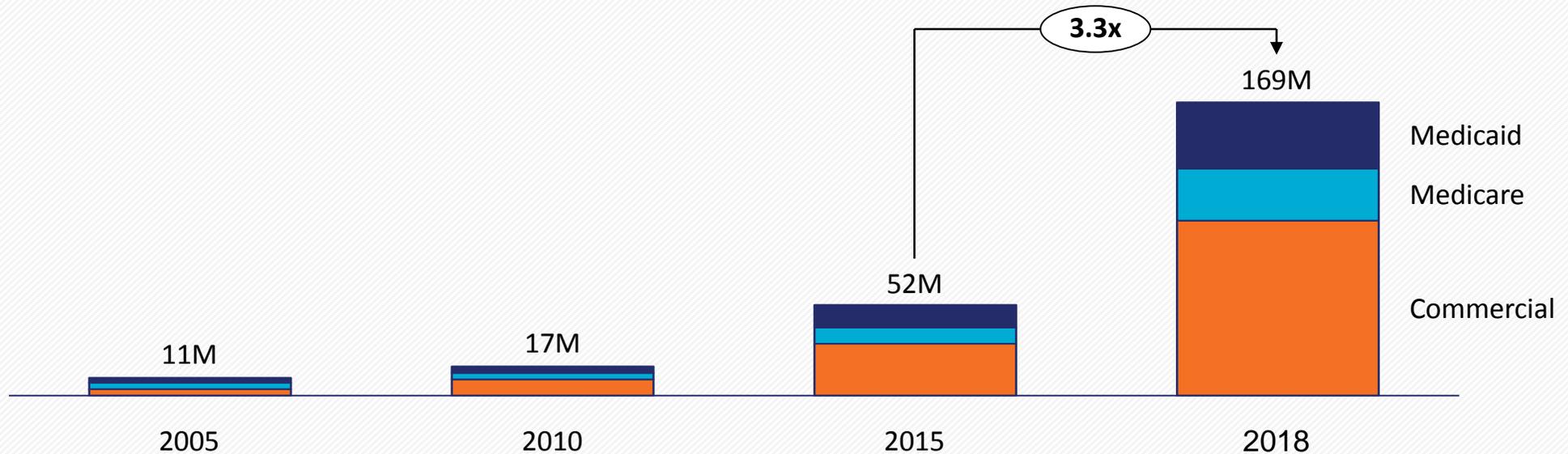
Managing Director, Policy &
Transformation

Evolut Health

By 2018 We Expect 169M People to be Under a Material Provider “Risk” Structure

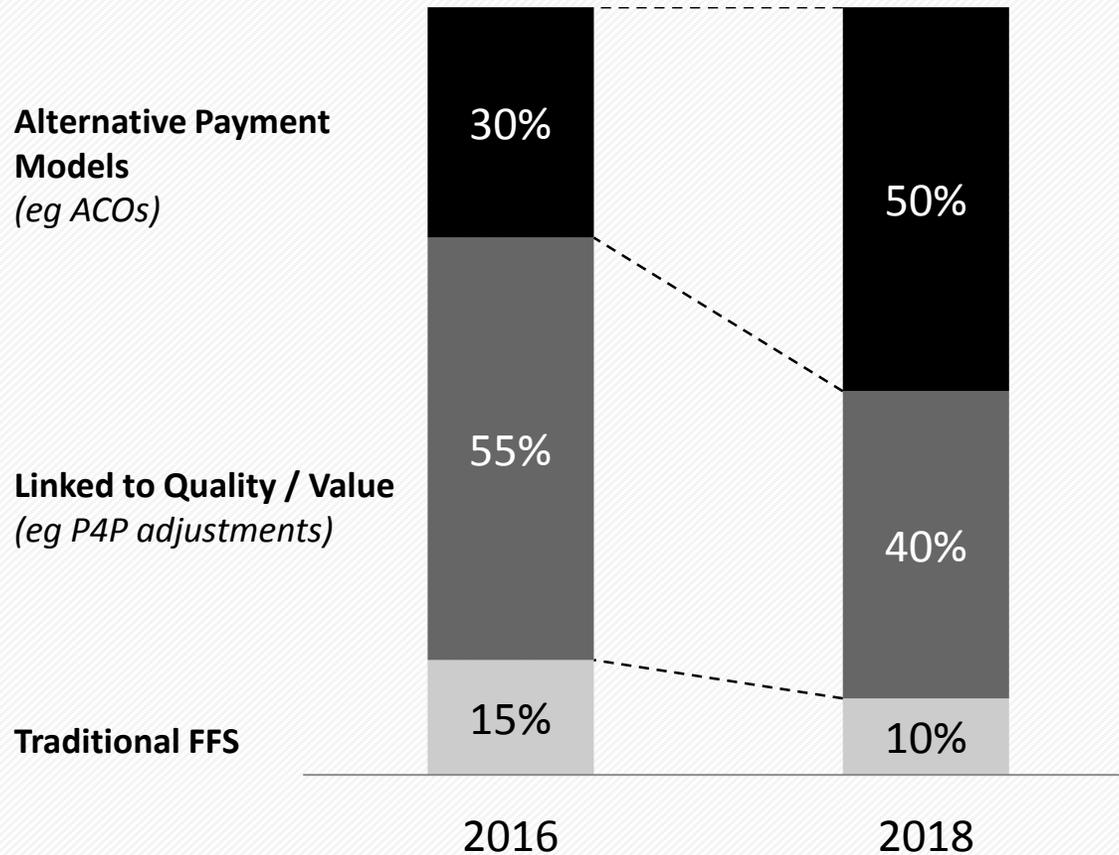
Public and private sector forces will drive aggressive growth in provider risk lives

Expected Expansion of Provider Risk



Providers and Health Systems will be at financial risk for half of the nation's population's health outcomes by 2018

CMS is committed to value-based care, targeting >50% of payments in alternative models by 2018



The Washington Post

“Obama administration wants to dramatically change how doctors are paid” January 26, 2015

“

As a very large payer in the system, we believe we have a responsibility to lead. For the first time, we’re going to set clear goals and establish a clear timeline for moving from volume to value in the Medicare system.

”

HHS Secretary Burwell
January 26, 2015

Source: Brookings Institute, Evolent.

The Health Care Transformation Task Force aims to accelerate the migration to value-based care



The Task Force's guiding principles outline a financially and operationally viable and sustainable approach



Shift 75% of our respective businesses to be under value-based care contracts by 2020



Design programs that provide reasonable returns to deliver the triple aim of better health, better care and reduced total cost of care at or below GDP growth



Equip market players with all tools necessary to compete in new market focused on people-centered primary care



Encourage multi-payer participation and alignment to create common targets, metrics, and incentives



Share cost savings with patients, payers, and providers to ensure adequate investment in new care models



Foster transparency of quality and cost metrics in a manner that is accessible to, and easily understood by, consumers



Support the needs of disadvantaged populations and help strengthen the safety net providers who serve them

TF Work Groups are driving rapid-cycle product development, starting with improving the ACO model



Improve the ACO Model

Develop aligned public-private action-steps and recommendations to improve the design and implementation of the ACO model



Develop Common Bundled Payment Framework

Create detailed principles and tools to align and evaluate episode definitions/pricing for public/private payer bundled payment programs.



New Model Development - Improving Care for High-cost Patients

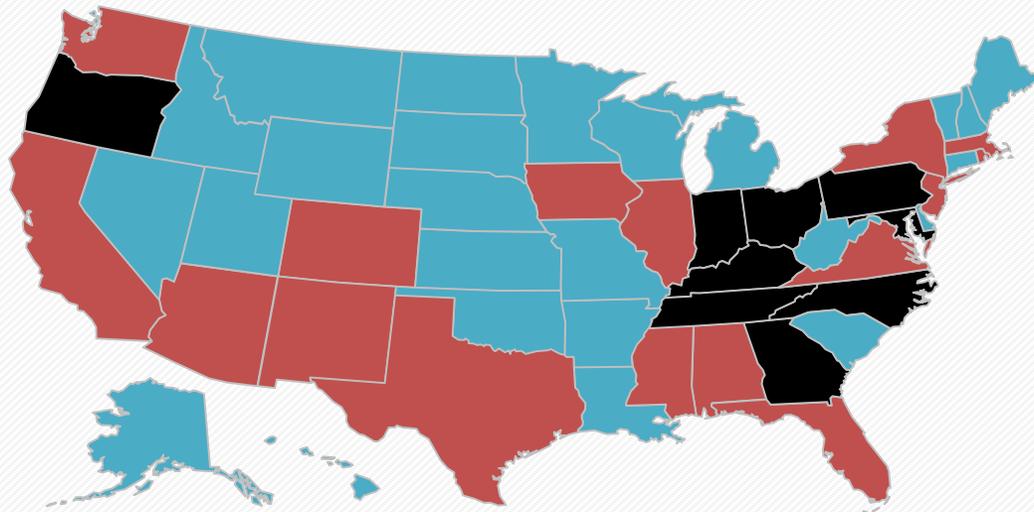
Create, test and recommend a delivery/payment model that allows a wide range of provider organizations, including in rural areas with little to no current MA/ACO penetration, to engage in population health by starting with highest-cost patients (top 5%).

Evolut Health Overview

Our mission is to change the health of the nation by changing the way health care is delivered

OUR PARTNERS

A national network of leading provider-led risk bearing organizations



Live Markets

Developing Markets

ACHIEVING RESULTS

Large mid-Western health system

↓ 60%

in total medical spend within complex care

↑ 40%

Increase in Medicare patient engagement rates

↓ 20%

30-day readmission rates within transitions care



What We Do

BLUEPRINT

Charting strategic course and operating plans

MARKET FACING SOLUTIONS

Powering value-based market facing solutions

EMPLOYER
VALUE ADVANTAGE

PAYER VALUE
ALLIANCE

HEALTH PLAN
VALUE EDGE

VALUE BASED SERVICES ORGANIZATION

Establishing a dedicated value-based business infrastructure

Population
Health Performance

Delivery Network
Alignment

Financial and
Administrative
Management

Operating world-class competencies

System Transformation

Transforming from the inside out

Identifi Technology Solution

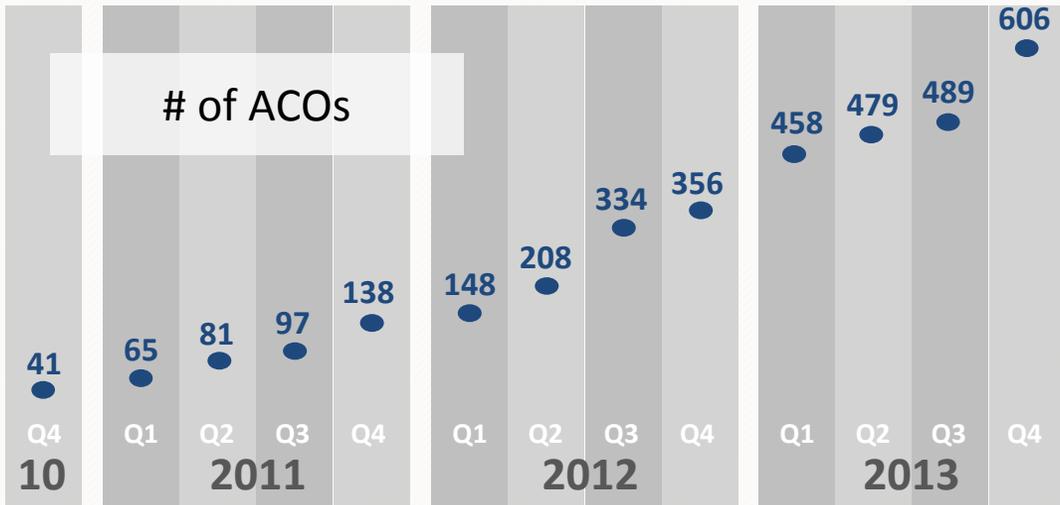
Integrating data, analytics, and workflow

INTRODUCTIONS



Mitch Higashi
Chief Economist
GE Healthcare

ACO Growth



Hospital Margins

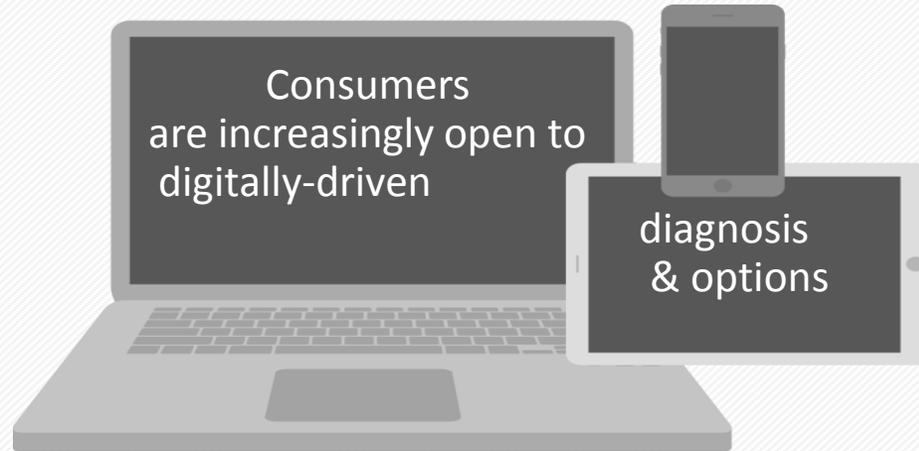


The New Paradox:

How do I keep patients out of the hospital and keep the lights on inside?



Factors driving the race towards productivity: High-deductible health plans



50%
of respondents would choose new options for common procedures

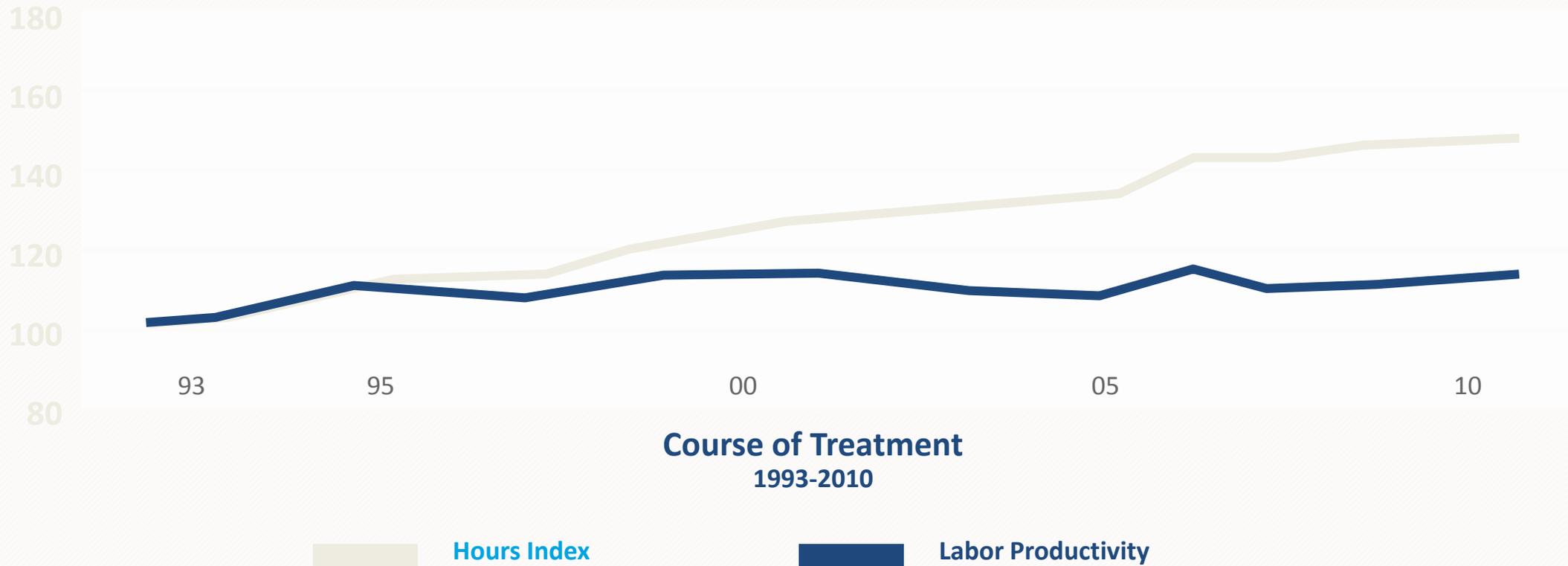
Consumers are acting



64%
are open to trying new, nontraditional ways of seeking treatment

Factors driving the race towards productivity: Labor costs

Index of hours and labor productivity for community hospitals



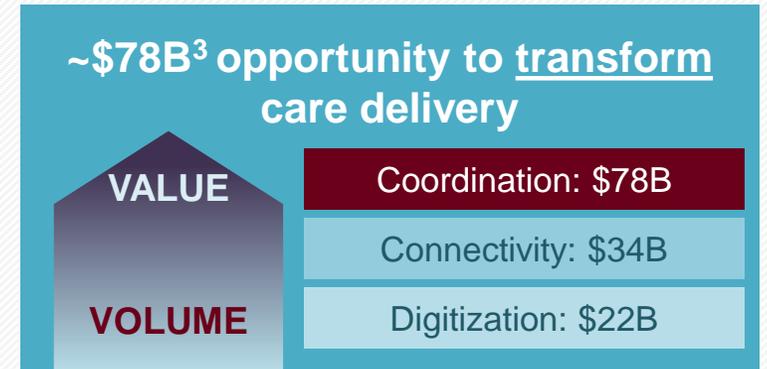
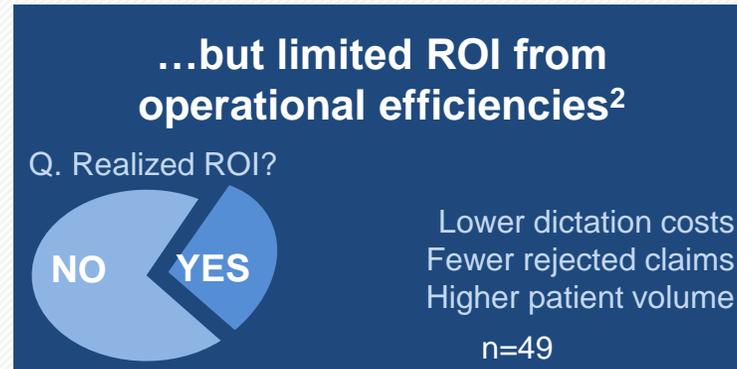
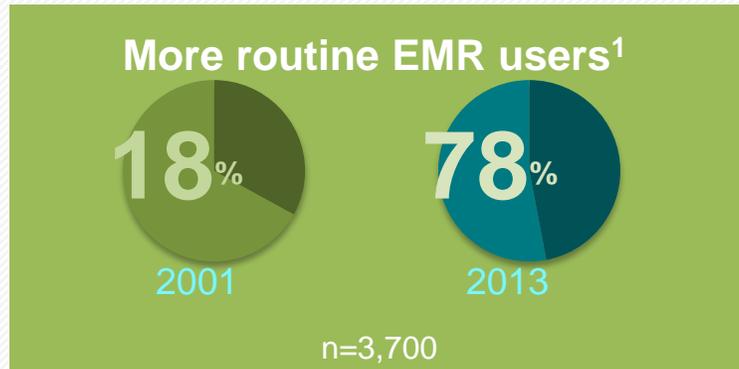
Factors driving the race towards productivity:
Reimbursement Pressure

REIMBURSEMENT



LABOR COSTS

Factors driving the race towards productivity: Bundled payments



- Digitization of paper records
- Vertical silos, e.g. radiology, OR
- Clunky user interfaces
- Break-fix service

- Connected workflows & analytic insight
- Population health
- Intuitive, delightful user experiences
- Remote patient management

- HCIT is a critical enabler of bundled payment systems
- Being at risk requires that providers closely monitor their costs to ensure bundled services are being delivered profitably
- Bundled payment schemes often have accompanying quality measures that providers must report to payers

(1) Office of the National Coordinator for Health Information Technology. Report to Congress, October 2014 (http://www.healthit.gov/sites/default/files/rtc_adoption_and_exchange9302014.pdf);

(2) Adler-Millsteil et al, Health Affairs March 2013; (3) <http://content.healthaffairs.org/content/early/2005/01/19/hlthaff.w5.10.full.pdf>

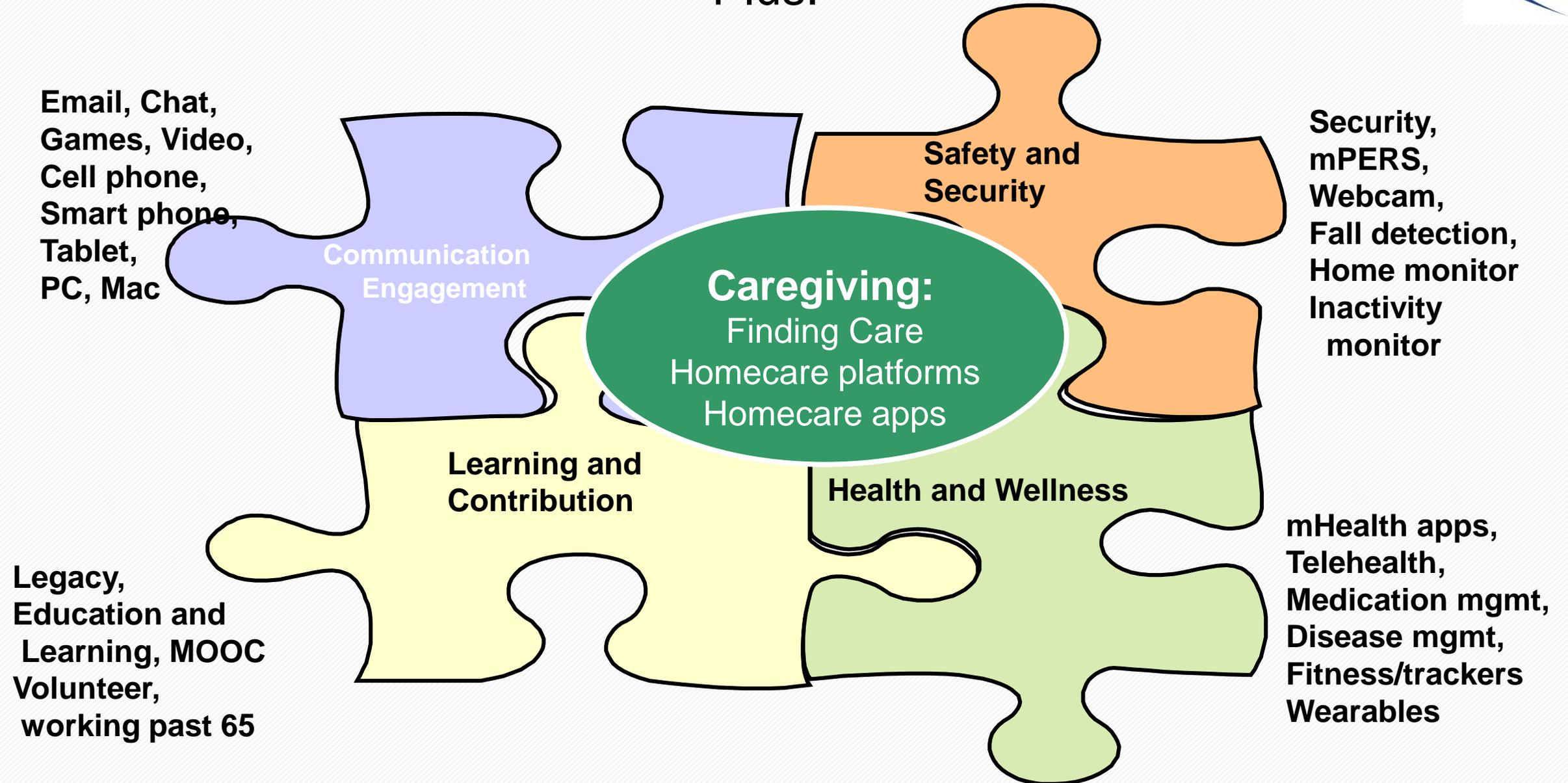
INTRODUCTIONS



Laurie Orlov
Founder
Aging in Place Technology Watch

Four aging in place technology categories

Plus:



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