



Alternative Payment Models: A Springboard for Achieving an Equitable Healthcare System

Tuesday, June 29, 2021
12:00 p.m. – 1:15 p.m. ET

Featuring:



APMs are designed to address health equity

Fee-for-Service

Incentives inequity. Rewards reactive, sickness-based care. Works best for the well-informed with robust coverage:



Providers have minimal incentives and tools to proactively manage patient care



Patients must navigate a complex and disorganized health care system – which takes time and resources

Results in lower quality and higher cost care as patients:

Utilize emergency rooms for primary care



Forgo preventive care



See multiple providers without coordination

Requires time and resources to navigate

Value-based arrangements

Incentives proactive and coordinated care, managing costs, and keeping a defined population healthy.



Proactive outreach to patients



Patients have clearer communication channels with care teams and are eligible to receive engagement incentives



Enhanced data collection and analysis with information across the care continuum and social determinants of health (SDOH)



Identify high-cost patients and better manage their conditions to avoid readmissions and inappropriate care and reduce costs

Transforming Healthcare Together

By Uniting a Fragmented Healthcare System

ALIGNMENT

More than 4,100 US hospitals and health systems and over 200,000 other providers and organizations

Strategic board alignment

Premier field force embedded in member health systems

LONG-TERM EXPERIENCE

Member owner tenure averages **~20 years**

CO-INNOVATION

Co-develop solutions with members

Committees composed of **~400** individuals, representing **~130** member hospitals

More than **1,500** hospitals in performance improvement collaboratives



MORE THAN **200K** alternate sites/other provider organizations

4,100 U.S. hospitals and health systems ARE PREMIER MEMBERS

Data on more than **45%** U.S. hospital discharges

Risk-Based Arrangements Driving Health Equity

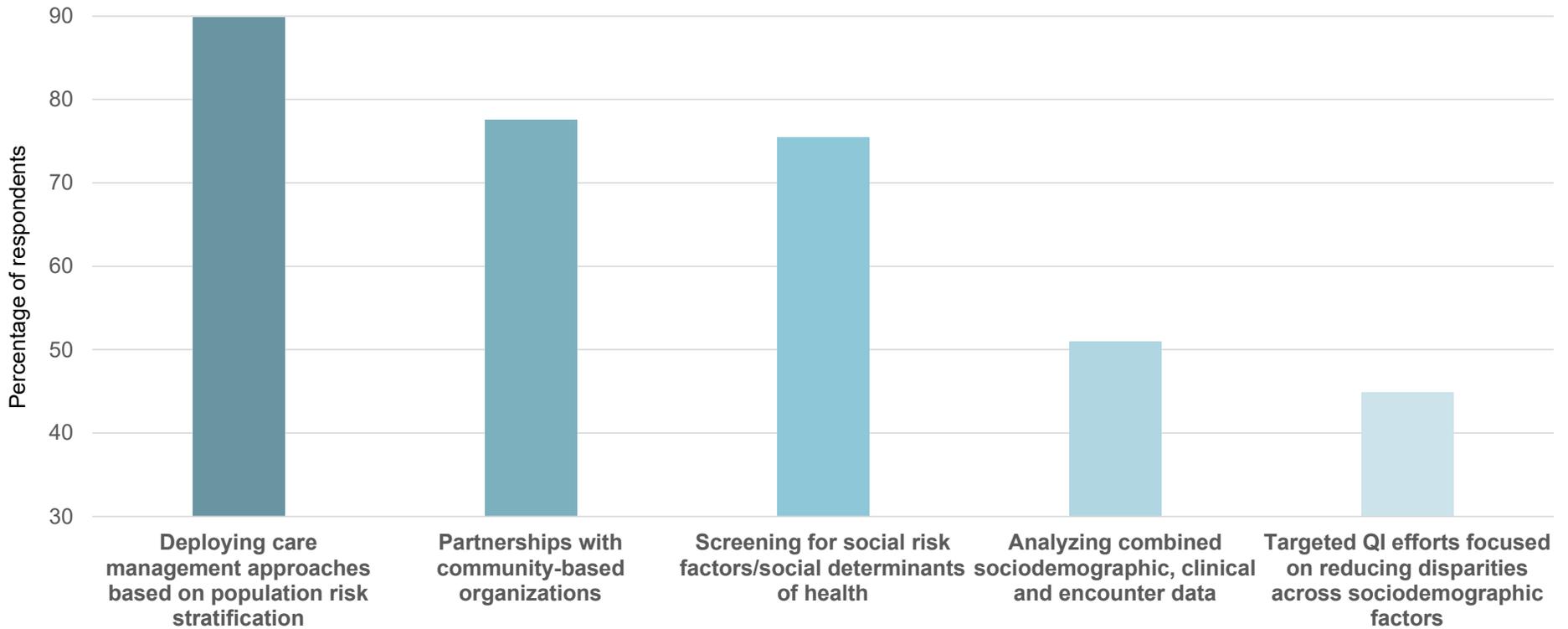
Among the 49 respondents to Premier's ACO survey...

-  **95%** agreed that alternative payment models incent *better management of sicker, high-cost populations*
-  **86%** agreed that alternative payment models *do not incent avoiding sicker, high-cost populations*
-  **91%** believed that fee-for-service *fails* to incent strategies by healthcare providers that will achieve the same results as APMs
-  **94%** agreed that APMs caused their organizations to approach an attributed population with *an emphasis on a person's health*, and promoted *more coordinated and appropriate care*
-  **90%** believed that APMs better align with the goals of health equity by *holding providers accountable* for the health of every attributed life
-  **93%** reported that the health equity strategies in which they have invested have been employed *in their risk-based arrangements with payers*



Implementing Health Equity: Approaches from the Field

Strategies to Implement Health Equity Goals¹

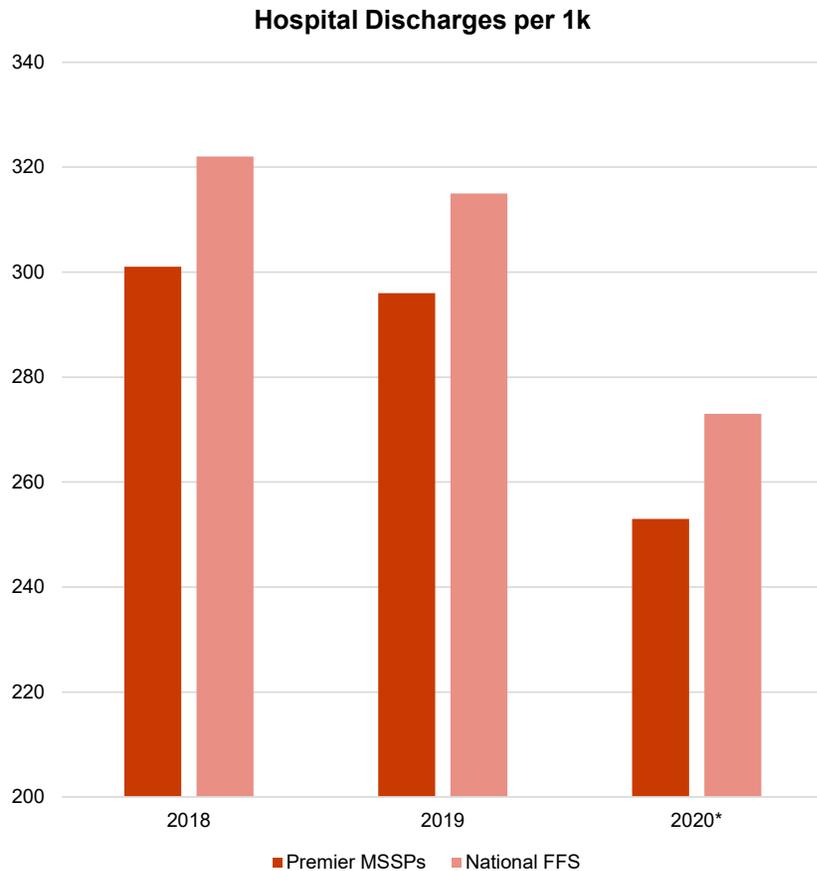


¹Based on 49 respondents. Respondents could have more than one response.



ACOs Focus on Appropriate Hospital Utilization

Based on data comprised of 1.4 million Medicare beneficiaries in ACOs



On average from 2018-2020, Premier MSSP ACOs achieved

- **9.6% lower total expenditures**
- **6.6% fewer inpatient hospital discharges**
- **4.1% fewer ED visits**
- **6.1% fewer hospitalizations from ED visits**
- **2.2% fewer admissions for congestive heart failure**

Among Premier NextGen ACOs,
ED utilization was 46.7% lower,
on average

Speakers



Blair Childs

Senior Vice President,
Public Affairs, Premier



Dr. Joyce Leon

Medical Director, Population
Health Management, Henry
Ford Health System



Frederick Isasi

Executive Director,
Families USA



Ruth Krystopolski

SVP/Population Health,
Atrium Health



Dr. Carrie Nelson

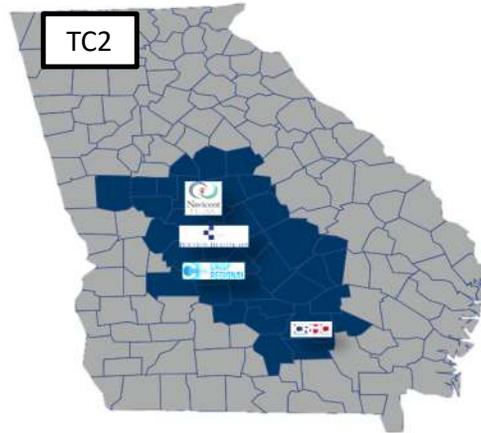
System VP & CMO
Population Health & Health
Outcomes, Chief Clinical
Officer, Advocate Physician
Partners, Advocate Aurora



Dr. Richard Shuman

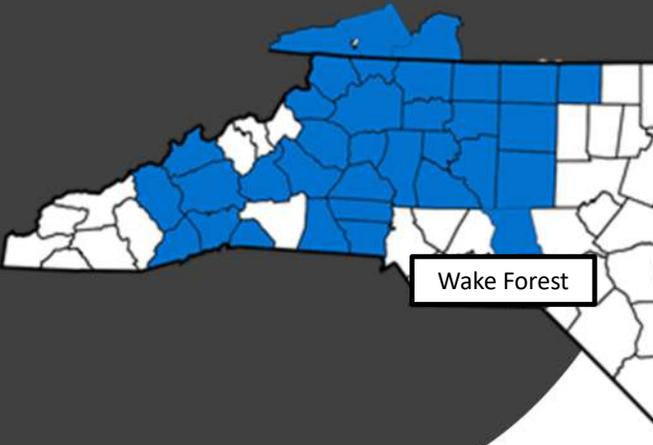
CEO, Baycare Health Partners

Understanding Our Markets: Atrium Health ACO/CIN Geographical Footprint



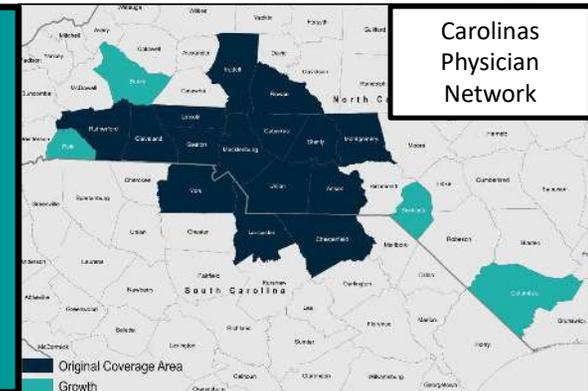
Georgia Market

- 800+ Participating Physicians
- 85 Physician Practices
- 75,000 total covered lives
- 23,000+ attributed lives in Medicare Shared Savings Plan
- Commercial Plans, Medicare Advantage, Medicaid Contracts
- Robust Quality Reporting for Independent and Employed Physicians



Carolinas Market

- 5,600+ Participating Physicians
- 365+ Physician Practices
- 485,000 total covered lives
- 100,000 attributed lives in CMS At-Risk ACO Plans
- Employer Health Plans, Commercial Plans, Medicare Advantage
- Shadow Episodes of Care Program



Carolinas
Physician
Network

Baycare

HEALTH PARTNERS, INC.

A PHO dedicated to inspiring generations of care givers to transform care delivery into a national model that improves health while honoring patient preferences

- Western Massachusetts
- NextGen Participant
- 175 Practices
- 4 Hospitals
- ~1400 Physicians
- 90,000 covered lives in Commercial Value Based Care
- 38,000+ covered lives in Medicaid ACO
- 40,000+ covered lives in Medicare ACO

Henry Ford Health System

- 5 acute care and 3 behavioral health hospitals in Southeast and mid-Michigan
- 200 care sites in 4 counties serving 4M people
- 1300 physicians & scientists comprise Henry Ford Medical Group
- 3.2 million digital encounters, including MyChart portal, e-visits, and mobile telehealth visits



- Social Determinants of Health Council created to guide SDOH initiatives for greatest impact in closing health equity gaps
- Henry's Groceries – a partnership with a local food bank to deliver food to insecure families. This program proved to be scalable and sustainable by closing disparities and reducing readmissions

- Next Generation ACO Participant with approximately 25,000 covered lives
- 160,000 covered lives in commercial value-based care
- 35,000 covered lives in Medicaid value-based contracts

Caring for 1.3 million lives in 30+ value-based contracts



Commercial
Shared Savings
577K lives



Commercial HMO
221K lives



Medicare Shared
Savings Program
205K lives



Medicare
Advantage
98K lives



Advocate Aurora
Team Members
87K lives



Managed
Medicaid
87K lives

Families USA

Working Everyday to Achieve the Best Health and Health Care for All

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high-quality, affordable health care and improved health for all. We advance our mission through public policy analysis, advocacy, and collaboration with partners to promote a patient- and community centered health system.

Working at the national, state and community level for over 40 years.



HEALTH EQUITY



HEALTH CARE VALUE



COVERAGE



CONSUMER EXPERIENCE

