The United States is at a critical point in health care—we are investing more money than ever in the health care system, yet are seeing a decline in life expectancy and quality of care.

For commercially insured individuals, high costs force people with large deductibles and copays to make choices between getting the care they need or other necessities, such as food. A system that places a financial burden on individuals or results in completely foregoing necessary care, does not respect the dignity of every human being.

Commercial payers and providers are locked into escalating battles around underpayment, appropriate coding, claim denials, burn out among clinicians, and appropriate care determinations that create administrative waste. These issues significantly distort costs and delay care. Variation in payment rules, quality measurement systems and reporting requirements accentuate administrative waste. This, coupled with statutes and regulation have created a massive financing and administrative superstructure that consumes almost 30 percent of health care expenditures and diminish the ability to deliver quality care. At the same time, the system ignores critical drivers, such as the opioid epidemic, which has led—for the first time—to a decrease in life expectancy for Americans.

A national conversation is necessary to confront these issues and think more broadly about alternative approaches that simplify the financing and administrative dimensions of the health care system, support providers to accept accountability for health care affordability, and improving outcomes while providing patient-centered care.

Trinity Health strongly believes access to affordable, quality care is a basic human right. Approaches to improve country's health system and reduce the cost of care for individuals should be guided by the following principles.

**Deliver Affordable, High-Functioning Coverage and Care for All**

In a people-centered health system, people should be at the center of every behavior, action and decision. Public policy should advance access to affordable coverage for all that meets patients at their point of need, and must:

- Ensure a strong safety net with Medicaid expansion in every state.
- Maintain federal-state partnership and financial responsibility for Medicaid to ensure that program costs are not shifted solely to states.
- Continue insurance market reforms that support continuous coverage without exclusions for pre-existing conditions.
- Promote enrollment in health insurance with high-functioning insurance exchanges.
- Include employers as accountable payers expected to contribute to a fairly and efficiently financed health system.
- Safeguard access to essential health benefits as defined in the Patient Protection and Affordable Care Act (ACA).
- Promote transparency of quality and cost data that ensures patients have tools to fully understand the financial obligations associated with care.
- Secure affordability for all by maintaining access to high-value coordinated networks of care.
- Reinvest savings from high-value care back into the health care system in ways that increase coverage, decrease premiums, improve population-based health, and address social influencers of health.
- Protect reimbursement supports delivery of sustainable, effective, high-quality care across the continuum and ensures payment for provided services.
Essential Elements of a People-Centered Health System

- Guard against excessive out-of-pocket health care costs that impose financial burden on patients.
- Eliminate administrative complexity by creating consistent requirements, standards, denial processes, and quality measurement across payers.

Better the Health of Populations

The health of the people of our nation needs to be improved. Paramount to this goal is advancing effective payment models that will hold providers accountable for better health outcomes, which will reduce cost and accelerate the necessary transformation of the health system. Public policy must be improved to:

- Ensure new payment models include sufficient savings for patients, payers and providers to expand and sustain participation.
- Advance alternative payment models that hold providers accountable for outcomes with simplified, uniform quality and performance measures.
- Recognize the transformative role of global budgeting, including full capitation, to hold providers accountable. When the incentive to move toward value-based care exceeds required investment and acknowledges administrative requirements, change will be quickened.
- Address high administrative costs with measures that simplify the financing and administrative dimensions of the health system.
- Expand community-based services for high-need and complex patients, including those in need of advanced illness care.
- Safeguard that individuals have continuity of care.
- Develop a workforce that will deliver population health outcomes, and enable all providers to practice at their highest level of licensure.
- Promote workforce safety in medical settings to ensure employees are safe and can focus on treating patients.
- Foster personal engagement to promote self-management and shared decision-making.
- Foster interoperability standards that will securely enable providers and patients to seamlessly access data for better decision making.
- Increase access to care through digital health.
- Support all-payer alignment to speed industry transformation.
- Recognize the importance of palliative care for people with serious illnesses.

Improve Community Health and Well-Being

Health systems play a significant role in improving the health of communities. To create a people-centered health system that guarantees access to high-quality care for all, public policy improvements must be taken to:

- Address social influencers of health through improved linkages between medical and non-medical social services, and incentivize the provision of these services.
- Safeguard providers serving vulnerable populations with adjustments for sociodemographic factors, such as disproportionate share hospitals.
- Assure equity in health care access, services, quality and outcomes regardless of race, gender, citizenship or socio-economic status.
- Guarantee affordability of services for vulnerable and low-income populations, for example, the 340B program drug discount program.

Mission
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values
Reverence • Commitment to Those Who Are Poor Safety • Justice • Stewardship • Integrity