

Lead^{the}Way

Value-Based Care

Driving Health System Transformation



Trinity Health is one of the largest multi-institutional Catholic health integrated care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a health system that puts the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

Value-Based Care Puts the Health of People and Outcomes First while Lowering Costs

Value-based care aims to improve quality, outcomes and population health—while lowering costs—and can be a central driver in the delivery of people-centered care. Value-based care models engage providers to consider the whole person—including clinical needs, patient experience and social influencers of health—by linking payment to the quality and outcomes of services delivered, instead of volume. In addition, value-based care reduces administrative waste by building in incentives to reduce costs for providers and payers. Trinity Health is committed to care delivery that holds providers accountable for the health of the people and communities we serve, and advances health equity across populations.

Value-Based Payment Models – Increasing Flexibility and Accountability to Support Person-Centered Care

Fee for Service + Payment Tied to Quality

- Care management fees
- Pay for reporting
- Pay for performance

Fee for Service + Risk for Quality & Cost

- Shared savings with downside risk
- Episode-based payment

Total Cost of Care

- Global budget
- Capitated payments

Provider Accountability for Quality, Patient Outcomes, Costs

Trinity Health's Commitment to Value-Based Care

Trinity Health is leading innovative efforts to create a people-centered health system that delivers value-based care by:

- Attributing more than 1.5 million Trinity Health patients to alternative payment models (APMs) that give providers accountability for quality and cost of care, including approximately:
 - 275,000 lives in Medicare accountable care organizations (ACOs),
 - 165,000 lives in Medicare Advantage models, and
 - 1 million lives in commercial and Medicaid alternative payment models (APMs).
- Committing more than 15,000 physicians and advance practice professionals to 16 clinically integrated networks (CINs).
- Maintaining similar success, in that since 2016 Trinity Health's two national ACOs and its bundled payment programs have saved the federal government \$216 million, returning \$135 million of that savings to Trinity Health.
- Achieving year-over-year quality improvements in our clinically integrated networks (CINs), with Trinity Health's Next Generation ACO recently recognized with a high score of 98 percent.
- Investing in \$10 million per year in community infrastructure such as housing, economic revitalization and access to healthy food.
- Assuming total cost of care accountability to improve outcomes and dramatically reduce costs while targeting a 3 percent operating margin.

What Can Policymakers Do?

Promote Provider Participation and Accountability for Better Health Outcomes

Recommendations:

- Design population-based payment models that support care management and hold providers accountable for total cost of care (TCOC), where appropriate.
- Design models with different levels of accountability or risk to allow providers with varying experience with value-based care arrangements – small, rural, and critical access hospitals – to participate.
- Advance models that hold providers accountable for outcomes with meaningful, uniform quality and performance measures.

Value-Based Care

- Ensure models targeting rural providers account for challenges unique to rural settings (e.g. patient proximity to providers, unique health needs).
- Risk adjust payment arrangements to account for not only patients' health but also social and economic needs (e.g. social influencers of health (SIOH)).

Support Population Health

Recommendations:

- Develop population-based payment models that integrate providers across the care continuum and make effective models permanent (e.g. Medicare Shared Savings Program (MSSP) and Next Generation ACO models).
- Design models that enable providers to identify and address SIOH (e.g. through screening tools or available data).
- Ensure access to real-time claims and other data – alerts related to admissions, discharges, transfers, insurance coverage eligibility, provider consultations – to support interventions at the point of care.
- Eliminate barriers to care integration, including alignment with 42 CFR Part 2 privacy requirements relating to the use of substance use disorder treatment records with the Health Insurance Portability and Accountability Act (HIPAA).
- Design models that allow members of the care team to practice at the top of their license to increase access to care.

Increase Flexibility to Drive Desired Cost and Quality Outcomes

Recommendations:

- Structure payments – population-based payments, incentive payments or care management fees – to support comprehensive delivery of sustainable, effective, high-quality services across the care continuum and move away from fee-for-service based models.
- Include incentive or prospective payments to support innovative partnerships and coordination between health care providers and other service providers that increase access to care (e.g. ride share, community health workers).
- Structure payments to support investments in infrastructure necessary for long-term health care transformation (e.g. workforce, health information technology).
- Ensure models last a minimum of three years to allow sufficient time for transformation and to assess the impact on health, outcomes and costs.
- Grant benefit and payment waivers (e.g. telehealth, alternatives sites of care, home visit) to support flexibility to deliver the right care at the right time.
- Reduce and streamline administrative billing, reporting and documentation requirements across payers and programs to decrease burden.

Expand Participation in Value-Based Care Models

Recommendations:

- Encourage commercial payer participation in value-based care models through payment arrangements that create shared savings for patients, payers and providers.
- Allow providers to determine their capacity to implement models to address TCOC.
- Incorporate meaningful education on payment model goals to increase provider participation and patient engagement.
- Align quality measures, reporting and risk score methodology across payers and programs to reduce provider administrative burden and complexity.
- Incentivize beneficiary alignment to providers participating in value-based arrangements to support greater movement of beneficiaries into these models.
- Reduce regulatory barriers (e.g. Anti-Kickback Statute or Physician Self-Referral Law) to participation in value-based care arrangements.
- Include mechanisms to protect against unpredictable losses—such as stop-loss or risk corridors—to support movement of more providers into population-based payment models.
- Address administrative waste in our nation's health system (e.g. arbitrary payer denials) which increase cost and reduce funding for improving health outcomes—including value-based payment arrangements.

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