

Lead^{the}Way

Essential Elements:

Building a People-Centered Health system



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.

The United States is at a critical point in health care, more money is being invested than ever in the health care system, yet there is a decline in life expectancy and quality of care. The COVID-19 pandemic has further highlighted existing gaps in the health care system and reinforced the need for a national system that ensures access to high-quality coverage and care for all while improving the health of all communities.

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. It is likely that the COVID-19 pandemic—which is leading to an increased number of uninsured or those enrolled in Medicaid—will further exacerbate these challenges.

At the same time, 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, while diminishing 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 and which may worsen in the aftermath of the pandemic.

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

Trinity Health believes access to affordable, quality care is a basic human right. Approaches to improve the 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 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 costs are not shifted to states.
- Ensure federal funding levels necessary to support changes in Medicaid enrollment that protect access to providers and care during public health emergencies, economic downturns or other crises.
- Maintain insurance market reforms that support continuous coverage without exclusions for pre-existing conditions.
- Promote enrollment in health insurance with high-functioning insurance exchanges, including open enrollment periods during public health emergencies, economic downturns or other crises.
- Include employers as accountable payers expected to contribute to a fairly- and efficiently-financed health system.
- Ensure access to essential health benefits as defined in the Patient Protection and Affordable Care Act.
- Promote transparency of quality and cost data that ensures patients have tools to fully understand the financial obligations associated with care.
- Ensure 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.

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- Guarantee reimbursement supports delivery of sustainable, effective, high-quality care across the continuum and ensures payment for provided services.
- 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 all Americans needs to be improved. Paramount to this goal is advancing effective payment models that 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 savings for patients, payers and providers to expand and sustain participation.
- Invest in preventive services and address social needs across all populations through population-based payment and care models that can also support access to providers during public health emergencies or other crises.
- Advance alternative payment models that hold providers accountable for outcomes with simplified and 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 health system administrative costs with measures that simplify the financing and administrative dimensions.
- Expand community-based services for high-need and complex patients, including those in need of advanced care.
- Ensure individuals have continuity of care.
- Develop a diverse workforce that understands community needs, delivers population-health outcomes, enables all providers to practice at their highest level of licensure, and builds relationships and trust across the health system.
- Promote workforce safety in medical settings to ensure employees are safe and can focus on the provision of care.
- Foster personal engagement to promote self-management and shared decision-making.
- Advance interoperability standards that will securely enable providers and patients to seamlessly access data for better decision making.
- Increase access to care through digital health and encourage use of telehealth to promote health and well-being across outpatient, inpatient and community-based settings.
- 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 policies should:

- Address social influencers of health through integration of community health workers into health care delivery and 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, outreach and education, quality and outcomes across all populations and communities 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.
- Reduce risk factors for chronic conditions for all populations—especially communities of color, non-English speaking communities, the elderly and those who are poor—through education, prevention and coordination across health care settings, public health departments and community-based organizations.
- Identify linkages and sharing of data across providers, settings and community partners that promote population health, including integration of behavioral health.

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