

Integrated Care Partners

Why do we need to change?

Where do we need to go?

How do we get there?

What does this mean for us?

Objectives



Why Change:

- *Current business model no longer "hunts" and is being "hunted".*

Where do we go:

- *Integrated healthcare delivery company*
 - Core delivery assets: integrate and transform clinical care
 - Population health: build capability
 - Revenue: expand value based reimbursement

How do we get there:

- Join Integrated Care Partners (ICP)

What does this mean for us:

- Take ownership of ICP, a physician led organization, and commit to driving its success

Why Do We Have to Change?

Cost

- Healthcare is too expensive. 18% GDP, >2.6 trillion/ year
- Current business model no longer “hunts” and is being “hunted”.
Government revenue is in steep decline and payment methodology is shifting to value.
Unable to cost shift to commercial insurers.
Core business: inpatient volume is in decline. Unaligned ambulatory providers will be subject to a shrinking fee for service dollar.

Quality

- Cannot measure.
- Cannot manage.
- Already publicly reported.
- No payment for superior outcomes or integrated, coordinated care.
- Will strongly influence where patients choose to receive care.

Productivity

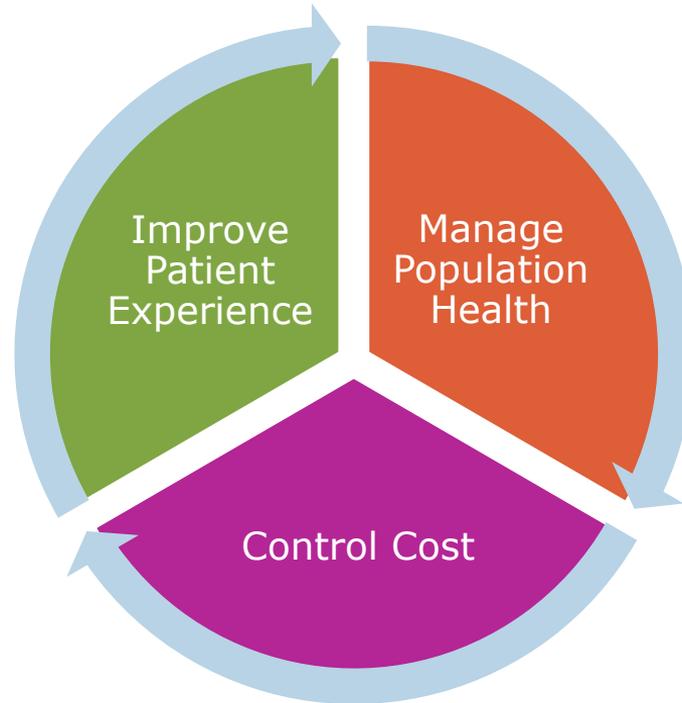
- Based on volume in a Fee For Service compensation model.
- No capacity to proactively manage population health, chronic disease.
- Providers should be maximizing their expertise not just filling their schedule.

Value

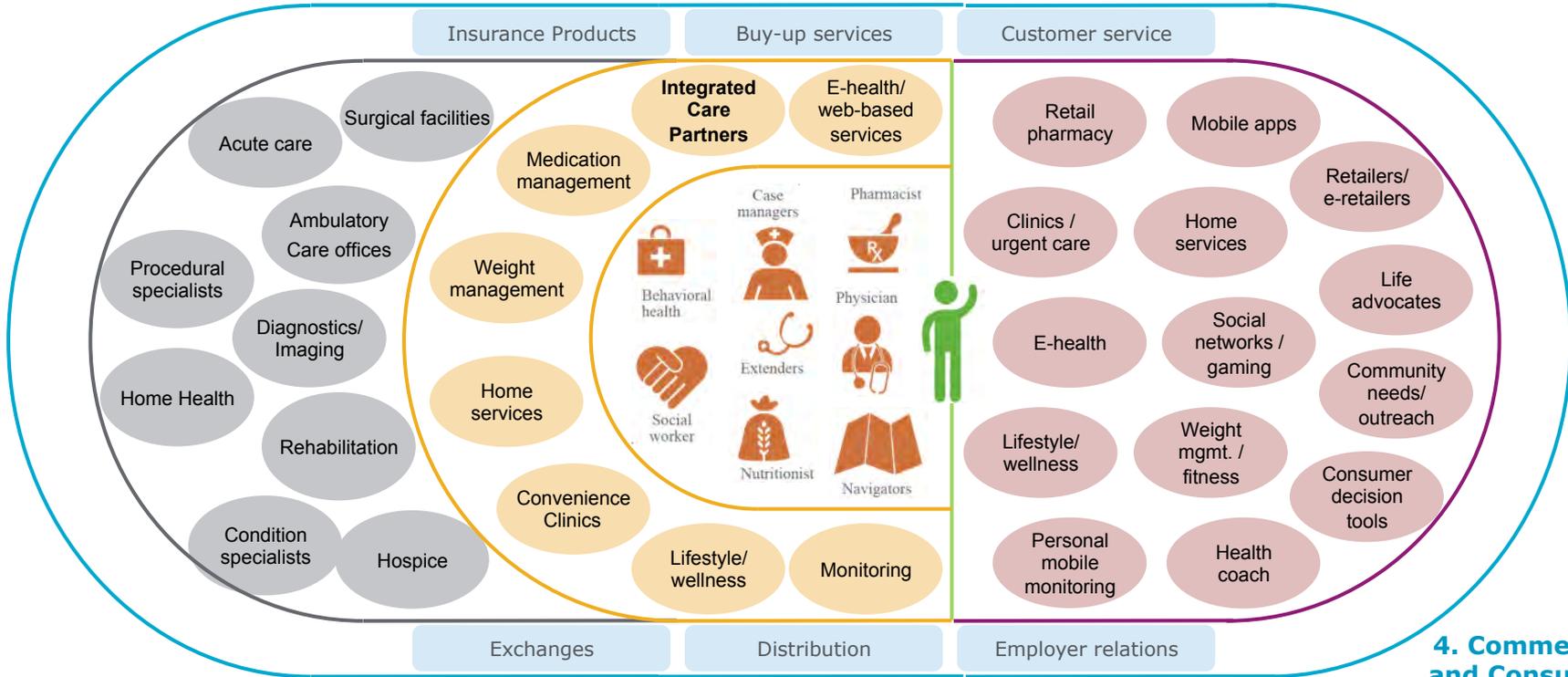
- Pay for value compensates on providing coordinated care for population of patients with better outcomes.
- Superior patient experience will help differentiate from rest of market.
- Pay for value allows share in higher % of premium dollar if capable of providing higher quality at lower cost.
- Capital available to invest in care management infrastructure.

Where do we need to be?

Provide a fundamentally different care delivery model



HHC's vision is to become an integrated health and wellness company.



1. Core Delivery System

2. Population Health Manager

3. Lifestyle and Wellbeing Manager

4. Commercialization and Consumer Access

Patient Experience begins with 1's

1

Registration

Health Record

Bill

Standard of Excellence

Relationship

How Do We Get There?

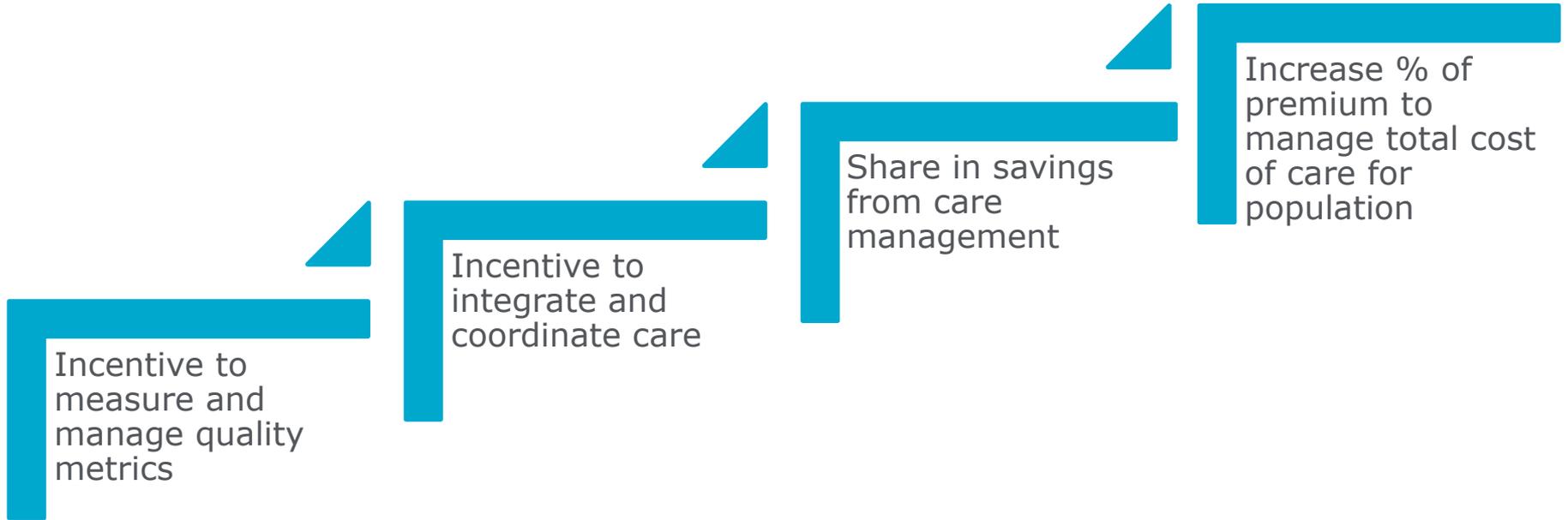
Crawl before you walk. *Walk* before you run.



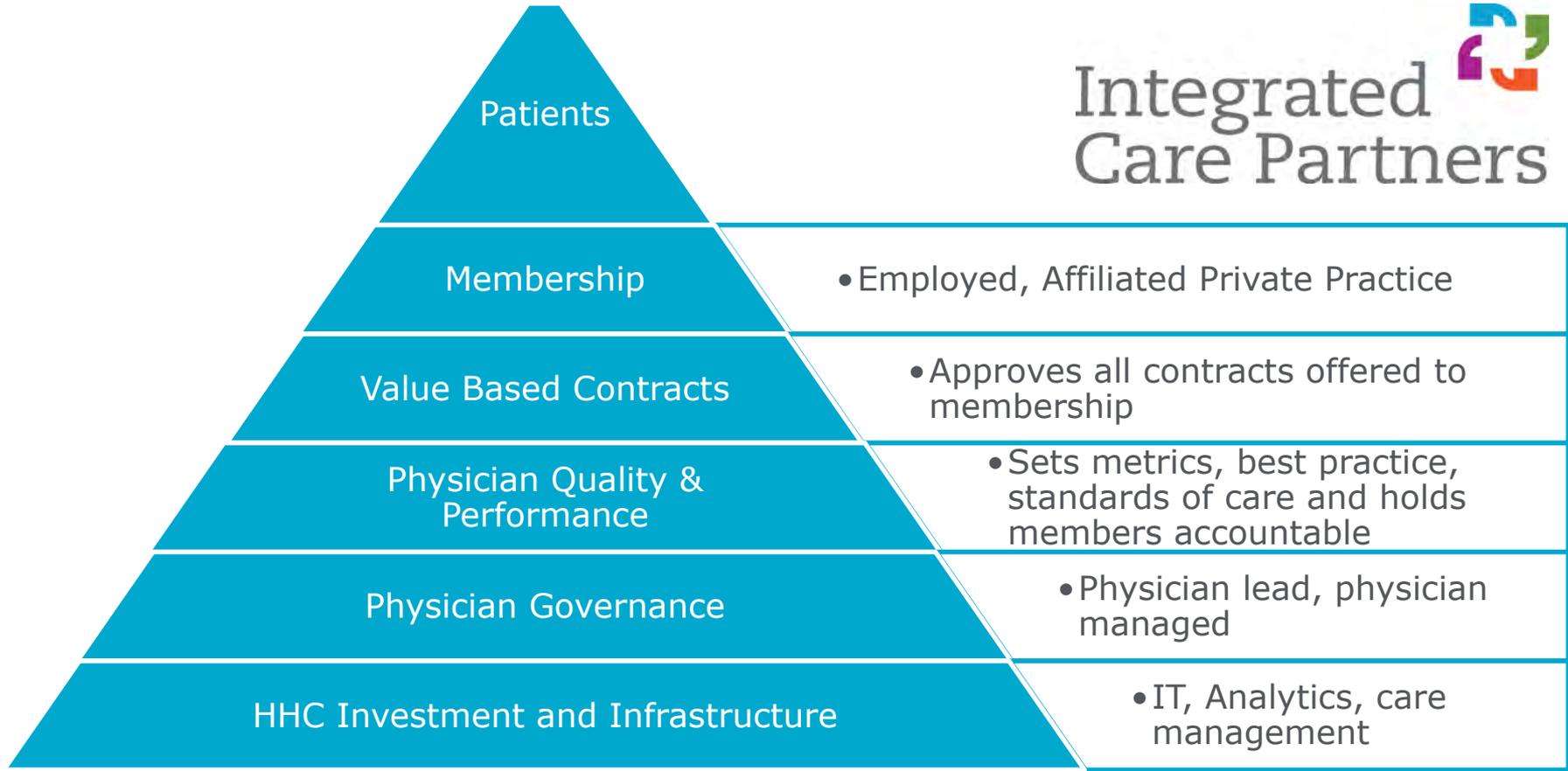
Build Capabilities That Succeed in Pay for Value



Capability Allows for Financial Reward



Integrated Care Partners



What Does this Mean for Us?

Participate

Join **Integrated Care Partners**

- Build and refine the organization
- Define and measure quality and performance data
- Partner in care management
- Develop payer contracts

Transform

Patient Centered

- Quality of care
- Rigorous attention to the patient experience

Standard of Excellence

- Evidence based
- Best practice
- Reduce variation

Align goals

- Physician and hospital
- Financial
- Clinical

Benefit

Data

- Quality
 - Cost
 - Population health
- ### Financial

- Pay for value contracts
- Preferred value provider
- Stability, predictable patient population.

Infrastructure

- IT
- Care managers
- Organization of dedicated physicians working to improve quality and cost

Integrated Care Partners

Where are we?

“America’s healthcare system is neither healthy, caring or a system.”

W. Cronkite

Where do we need to be?

An integrated delivery system that can succeed in value based care. Provide consistent quality and performance with a unique patient experience.

How do we get there?

Undertake an aggressive integration strategy by creating a partnership between providers and hospitals that is informed by a clear understanding of provider engagement and our growing capabilities. Work with payers to create payment methodology that aligns incentives.

What does this mean for us?

We need to work together to build ***Integrated Care Partners***. Now is the time to engage and participate in transforming health care delivery.