Community Health & Well-Being Across Trinity Health

Bechara Choucair, M.D.
SVP, Safety Net and Community Health

August 2016
The Marketplace Demands Fundamental Change in How We Operate and What We Produce

TODAY

- Service Volume

Producer-Centered

Drivers

- Retail Health Market
- Value Networks
- Transparency
- Financial Incentives

TOMORROW

- Population Value

People-Centered
Trinity Health: We are transitioning to a People-Centered System
Our Vision: What We Aspire to Be ... and What We Are Becoming ...

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

We serve diverse populations, with over 30 million people in our communities.
Our Mission Drives Our Vision and Strategy

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

Our Core Values

- Reverence
- Commitment to those who are poor
- Justice
- Stewardship
- Integrity
Building a “People-Centered Health System” together

People-Centered Health System

- Episodic Health Care Management for Individuals
  - Efficient & effective episode delivery initiatives

- Population Health Management
  - Efficient & effective care management initiatives

- Community Health & Well-being
  - Serving those who are poor, other populations, and impacting the social determinants of health

Better Health • Better Care • Lower Costs

Building a “People-Centered Health System”
Together

People-Centered Health System

Episodic Health Care Management for Individuals
Efficient & effective episode delivery initiatives

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Community Health & Well-being
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Better Health • Better Care • Lower Costs
Operations are organized into Regional Health Ministries ("RHMs"), each an operating division which maintains a governing body with managerial oversight subject to authorities.

Our 21-State Diversified Network

92 Hospitals* in 20 Regional Health Ministries**
47 Home Care & Hospice Locations Serving 116 Counties
59 Continuing Care Facilities
14 PACE Center Locations
23.9K Affiliated Physicians
3.9K Employed Physicians

*Owned, managed or in JOAs or JVs.
**Operations are organized into Regional Health Ministries ("RHMs"), each an operating division which maintains a governing body with managerial oversight subject to authorities.
We operate one of the largest clinical episode payment programs in the nation

• **43** Model 2 Bundled Payment for Care Improvement (BPCI) hospitals
• **13** Model 3 Skilled Nursing Facilities (SNF)
• **2** Comprehensive Joint Replacement (CJR) sites
• **22,400** total annual episodes for all three programs
We are working to improve care across clinical conditions with 43 of 48 possible bundles

Total Program Size: $550m

(in millions)
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Better Health • Better Care • Lower Costs
We continue to invest in increasing attributed lives and building capabilities

Since FY14, Trinity Health has **invested over $90M** in support of population health management efforts

Investments have **promoted continual growth** in both MSSP and commercial ACOs

<table>
<thead>
<tr>
<th>Total Number of ACOs, Attributed Lives and Annual Investment</th>
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<tbody>
<tr>
<td>ACOs</td>
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<tr>
<td>FY14</td>
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<tr>
<td>FY15</td>
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<tr>
<td>FY16</td>
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Expanding **ACO** programs are the primary driver of APM growth

- **14** Medicare Shared Savings Program ACOs
- **5** markets partnering as a Next Generation ACO
- Participating in **98** non-CMS APM contracts
- **13.8K** physicians participating in our Clinically Integrated Networks accountable for **1.2** million lives
Our initial ACO investments have yielded positive shared savings

Trinity Health made an initial investment in ACOs of $16.5M in FY14

Of the total $44.2M generated, $16.9M of the savings was shared with Trinity Health ACOs

<table>
<thead>
<tr>
<th>Investment in ACOs</th>
<th>Total Savings Generated</th>
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</thead>
<tbody>
<tr>
<td>$16.5M</td>
<td>$27.3M</td>
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<tr>
<td>$16.9M ACO Share</td>
<td>$44.2M</td>
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<tr>
<td>$16.5M Payer Share</td>
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</tbody>
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New operating capabilities improve care and lower cost for patients in ACOs

1. **Reduce unnecessary or avoidable hospitalizations**
   - Improving access to primary and specialty care providers, engaging hospitalists in adhering to transitions of care processes

2. **Standardized care management process across the continuum**
   - Targeting high risk patients through predictive modeling and coordinating patient care through multidisciplinary teams at the site of care

3. **Maximize efficiency in post-acute and SNF care**
   - Identifying clinicians to focus on SNF population and collaboratively manage transitions alongside BPCI teams, utilizing home care partnerships

4. **IT infrastructure and data-driven claims analysis**
   - Combining internal claims data platform and analytic resources with industry-recognized tools to report provider performance across the enterprise to provider levels
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Transforming, Healing Presence in the Communities We Serve

Community Health & Well-being

Clinical Services:
Efficient & Effective Care Delivery through Trinity’s Safety Net System

Community Engagement:
Efficient & Effective Wrap Around Services Focusing on the Vulnerable & the Poor

Community Transformation:
Community Building Focusing on Built-Environment Economic Revitalization, Housing, & other Social Determinants of Health

Innovation in Care Delivery
Innovation in Technology
Innovation in Financing

Triple Aim
Better health • Better care • Lower costs
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Better health ◆ Better care ◆ Lower costs
In 2013, over 10.7 million individuals were dually eligible for Medicare and Medicaid benefits.

Dual eligible beneficiaries are among the poorest and sickest beneficiaries covered by either program.

Most have multiple chronic conditions.

Nearly half have significant mental illnesses.
Nationally, Duals accounted for a total of $284.5B in spending in FY ’10. Today, spending is estimated to exceed $300B.

Spending on the “Duals” accounts for approximately 2% of GDP.

Trinity Health provides care to more than 207k Dual-eligible patients, representing $1.5 Billion in acute care revenue, annually.
http://trinityhealthchallenges.org

Reduction Readmissions for Dual Eligible Patients

Innovation Challenge Q&A Webinar:
We will be conducting an Innovation Challenge Q&A webinar on Wednesday, May 18th between 1:30 and 2:00 ET. During the webinar, we will describe the goals of the challenge, review the application process and give you an opportunity to ask us any questions you might have about the Challenge.

To join the webinar, click the following: Trinity Health Innovation Challenge Q&A Webinar.

To join by phone, dial 1-888-225-8550, Conference Code: 754 543 1601.

Source: InnovAge 2016
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>May 2, 2016</td>
<td>Challenge launch</td>
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<tr>
<td>June 10, 2016</td>
<td>Letter of Inquiry (LOI) deadline</td>
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<tr>
<td>July 15, 2016</td>
<td>Notify if invited to complete an application</td>
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<tr>
<td>August 19, 2016</td>
<td>Application deadline</td>
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<tr>
<td>September 26, 2016</td>
<td>Innovation Council meeting/virtual showcase</td>
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<tr>
<td>October 15, 2016</td>
<td>Announce awards!</td>
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Innovation in Financing

Triple Aim
Better health • Better care • Lower costs
What Drives Good Health Outcomes? Access and Quality of Care ≈ 20%
Our Desired Future: Better Health, Better Care, Lower Cost

Integrated Delivery Network

- Inpatient Acute Care
- Continuing Care
- Employed & Independent Physicians
- ED

ACO

HUB

- CHWs & Data
- Insurance Enrollment
- Medication Assistance
- Behavioral Health
- Social Services
- Pregnancy Assistance

NOTE: Examples of HUB services. Many others are sponsored by the community/RHM.

Nature of our Ministry: Community at Large (501r)

- Self-Referral or by Family or Friend
- Homeless Shelter
- Community Transport Services
- Independent Physicians
- Sample Referral Sources

Social Determinants (e.g., Race/Ethnicity, Gender, Income Level, Language, Literacy, Living Location)

Care Management Programs (e.g., Faith Nursing; Complex Care)

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We Can Make a Real Difference in Patients’ Lives

Before we met you, we were homeless and we were going from place to place.

- Katrena H.

Katrena H. & Ka’Ziya H.
Patient & Baby

Muskegon Health Project
Pathways to a Healthy Pregnancy
Muskegon, MI

Pre-Community Health Worker Involvement
• Homeless
• High-risk pregnancy
• Needing prenatal care

Post-Community Health Worker Involvement
• Has housing and resources for new home
• Received prenatal care
• Delivered a healthy baby
Deployment of 50 Community Health Coordinators

- Up to 10 CHWs deployed in each targeted MSSP and BPCI program
- Part of a 2015 AmeriCorps Partnership Challenge Grant
- Focus on the Duals
- Advanced analytics to identify highest-risk patients
- Deploy CHWs & HUB / Pathways Model to address social needs
- Community Health Workers

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Measuring Impact

Existing MSSP ACO metrics / dashboards will be used to evaluate the impact of deploying up to 10 CHW at each of the 6 targeted ACOs.
Health Does Not Begin In A Doctors Office...

Root Causes of Good vs. Poor Health

Access to healthy and affordable food
Built-environment
Race / Ethnicity
Economic opportunity
Educational opportunity

Safe places for kids to learn and play
Food and beverage environment in schools
Socioeconomic status / Income
Other social determinants of health

Clinical care
(just the tip of the iceberg)
Transforming Communities Funding Opportunity
Launched in Nov 2015

- Anticipated investment of $80 million over 5 years in community health interventions.
- Funding local partners with Several national partners at the table.
- Applications are led by Community Coalitions, Local public health agencies & Trinity Health Ministries

$22.5 M
$17.5 M
$40 M

Trinity Health Contribution
Trinity Health Investment Fund*
Community Contribution
Six Communities Selected to Be Funded:

- Boise, ID (Promise Partnership)
- Maywood, IL (Proviso Partners for Health)
- Silver Spring, MD (Healthy Montgomery)
- Springfield, MA (Live Well Springfield TCI Partnership)
- Syracuse, NY (Syracuse Health Coalition)
- Trenton, NJ (Trenton Health Team)
Select Strategies to be Implemented Across all Six Communities

• Implementation of Tobacco 21 policy

• Development/implementation of Complete Streets Policies

• Implementation of Nutrition Standards in Head-start & Daycare

• Enhancement of Breastfeeding Policies

• Expanding Physical Activity School Board Policies

• Implementing Food and Beverage Standards/Policies in Schools
Tobacco policy work is integral to our Community Health and Well-Being strategy.

- The longevity gaps in America are growing, not shrinking.
- CDC researchers have concluded disparities in tobacco use account for 20% to one-third of growing life expectancy gaps.
- Living in locations that have not adopted strong tobacco control measures is directly correlated with growing health disparities and longevity gaps.
- Our commitment to vulnerable populations, especially people who are poor, demands action.
Our Tobacco Policy Focus

- Pass and/or Strengthen Clean Indoor Air Laws
- Tobacco Free Campus Policies
- Tobacco 21: Raising the Legal Purchase Age to 21
6 of Americans live in states with strong state-level protections. Everyone else relies on local governments to close the gap, or must advocate for state-level changes.

53% of states within our footprint have weak clean indoor air laws for combustible cigarettes

Source: Americans for Non-Smokers Rights.
Institute of Medicine

Tobacco 21 Will Reduce Smoking and Save Lives
Tobacco 21: Over time…

- 25% decline in smoking initiation by 15-17 year olds
- 12% overall drop in smoking prevalence
- 10% reduction of smoking related deaths

For kids alive today, 4.2 million years of life would be saved by virtue of this logical, simple policy change.

Other Important Impacts…

- 12% Decline in premature births
- 16% Drop in SIDS cases
In 2016, alone, we’ve experienced big wins in many of the communities we serve.

- **January:** New Jersey passed Tobacco 21 law (pocket veto)
- **March:** Chicago passes Tobacco 21 and other historic measures
- **March:** South Bend passes state’s strongest smoking ban
- **April:** Washington, D.C. Congressional briefing likely to result in several additional co-sponsors on Federal legislation
- **April:** Albany County passed Tobacco 21
- **May:** California Tobacco 21 and other historic bills signed into law
- **May:** Illinois Tobacco 21 passed out of the Senate
- **August:** Ann Arbor Michigan passed Tobacco 21
- **August:** Schenactady, NY passed Tobacco 21
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Discussion...