Impact of Market Consolidation: Providers and Payers

Seventh National Accountable Care Organization Summit

Leigh Oliver, Hogan Lovells Joshua Soven, Gibson Dunn Christine White, Northwell Health

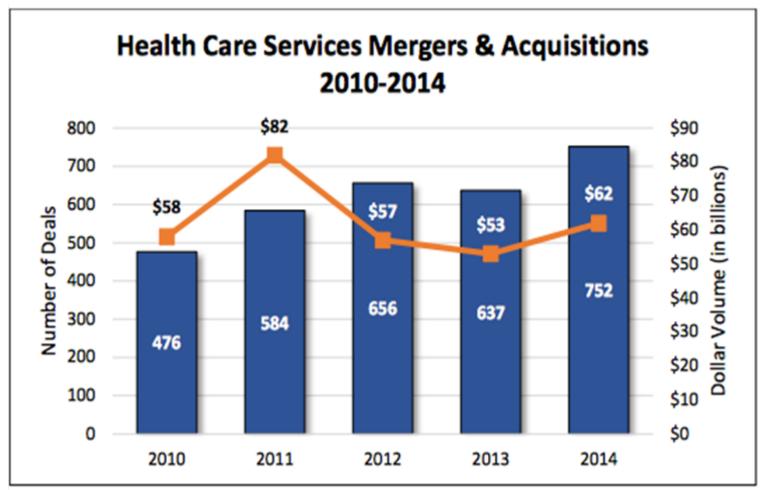
> June 9, 2016 Washington, D.C.

Consolidation Making Headlines...

"Healthcare M&A Remains Red Hot in 2016..."

Last year was new record high for merger and acquisition activity globally as nearly \$5 trillion in deals were cut, bolstered by consolidation in the healthcare sector, where drugmakers, hospitals, and providers are combining in an effort to increase their scale. On Monday, Shire and Baxalta announced a \$32 billion merger that indicates healthcare M&A isn't going to slow in 2016.

Increase in M&A All Sectors of Health Care



Source: The Health Care M&A Information Source, March 2015

Enforcement

Stats & Data 2014

JANUARY - DECEMBER 2014 FEDERAL TRADE COMMISSION

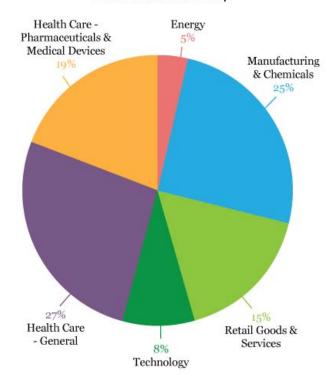
COMPETITION

ANTITRUST ENFORCEMENT

Merger Consent Orders	14 2‡	
Filed Merger Cases		
Abandoned Transactions	3	
Non-Merger Actions	8	
Civil Penalty Actions	1	



Enforcement Actions by Sector Fiscal Years 2010-2014



Consolidation in the News...

BUSINESS DAY

F.T.C. Wary of Mergers by Hospitals

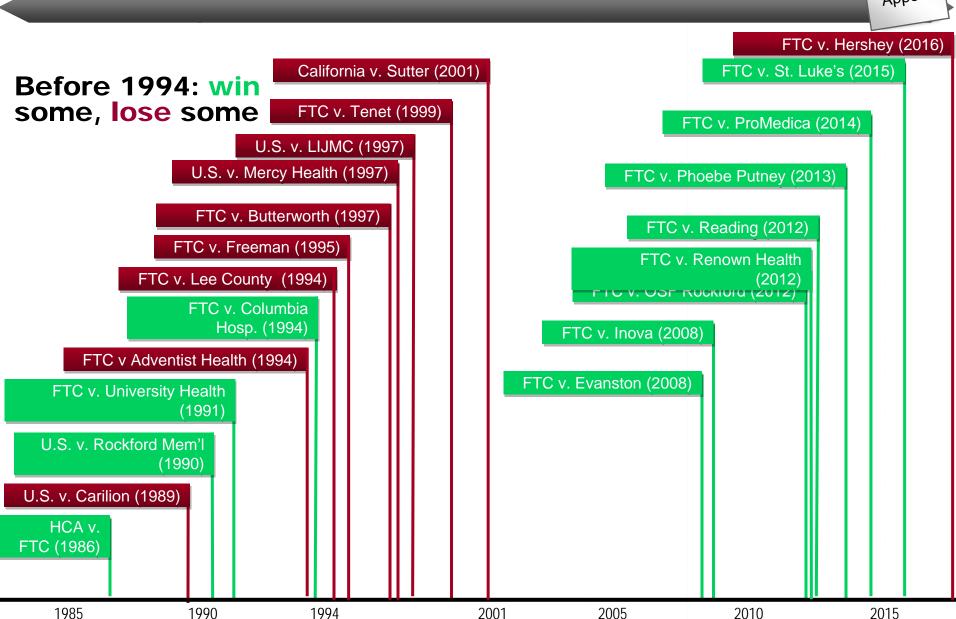
WASHINGTON — As hospitals merge and buy up physician practices, creating new behemoths, one federal agency is raising a lonely but powerful voice, suggesting that consumers may be victimized by the trend toward consolidation.

Hospitals often say they acquire other hospitals and physician groups so they can coordinate care, in keeping with the goals of the Affordable Care Act. But the agency, the Federal Trade Commission, says that mergers tend to reduce competition, and that doctors and hospitals can usually achieve the benefits of coordinated care without a full merger.

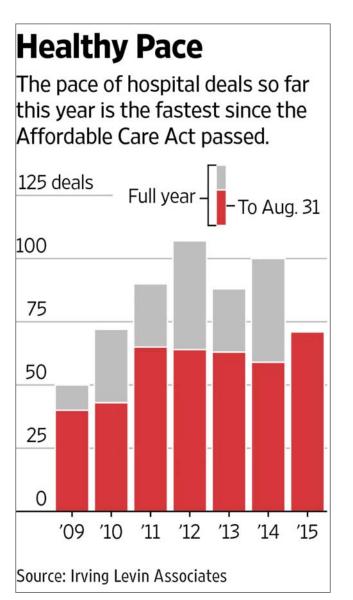
New York Times Sept 17, 2014

Government merger history...

Pending Appeal



Trends: Growth in Hospital Systems



FTC v. St. Luke's and Saltzer Efficiency Justifications

Saltzer's Goal in Entering Transaction

To provide comprehensive, coordinated, high value care to the patients it serves, through:

- Improving <u>accessibility</u> and <u>quality of care</u> for all patients;
- Greater participation in <u>community outreach</u> efforts;
- Transitioning to <u>value-based delivery</u> of care and compensation and <u>risk-based contracts</u>;
- Obtaining and benefiting from <u>technological upgrades</u>, including Epic and WhiteCloud;
- Improving Saltzer's ability to recruit and retain physicians;
- Creating efficiencies and <u>reducing the cost of medical care</u>.

FTC v. St. Luke's and Saltzer

anticompetitive effects only in the adult PCP market. The district court consolidated this case with the one filed by the

Private Hospitals, and after the merger prohibited by Nampa adult PCP market

U.S. health care system, system, and expressed court found that the "huge efficiencies excused the potential anticompetitive price effects, the district court ordered divestiture. This appeal

followed.

The district court expressly noted the troubled state of the Competition Act because U.S. health care system, found that St. Luke's and Saltzer genuinely intended to move toward a better health care The district court expressed its belief that the merger would genuinely intended to "improve patient outcomes" if left intact. Nonetheless, the "improve patient outcom court found that the "huge market share" of the post-merger entity "creates a substant entity "creates a substantial risk of anticompetitive price increases" in the Nampa argument by St. Luke increases" in the Nampa adult PCP market. Rejecting an

II. Standard of Review

We review the district court's findings of fact for clear error and its conclusions of law de novo. Husain v. Olympic Airways, 316 F.3d 829, 835 (9th Cir. 2002), aff'd, 540 U.S. 644 (2004). The question is whether a finding of fact is "clearly erroneous," not whether there is a "compelling case" for an alternative finding. California v. Am. Stores Co., 872 F.2d 837, 842 (9th Cir. 1989), rev'd on other grounds, 495 U.S. 271 (1990). The district court's choice of remedy is reviewed for abuse of discretion. Theme Promotions, Inc.

FTC v. Hershey Penn State

Opinion of District Court Judge Jones (Appeal pending)



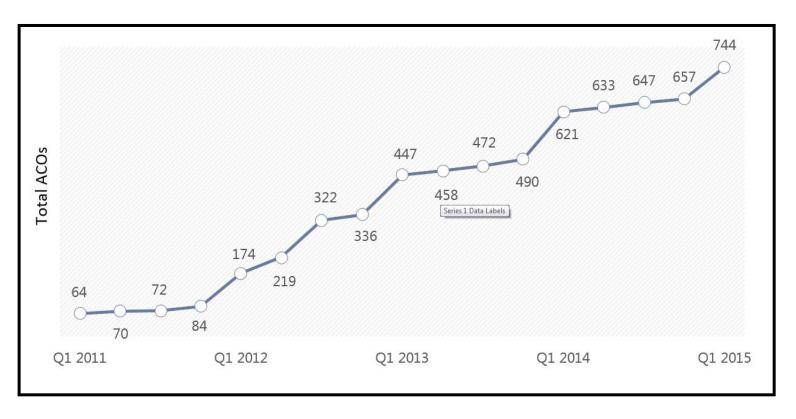
The patients of Hershey and Pinnacle stand to gain much from a combined entity that is capable of competing with a variety of other merged and already growing hospital systems in the region. This decision further recognizes a growing need for all those involved to adapt to an evolving landscape of healthcare that includes, among other changes, the institution of the Affordable Care Act, fluctuations in Medicare and Medicaid reimbursement, and the adoption of risk-based contracting.

FTC v. Hershey Penn State

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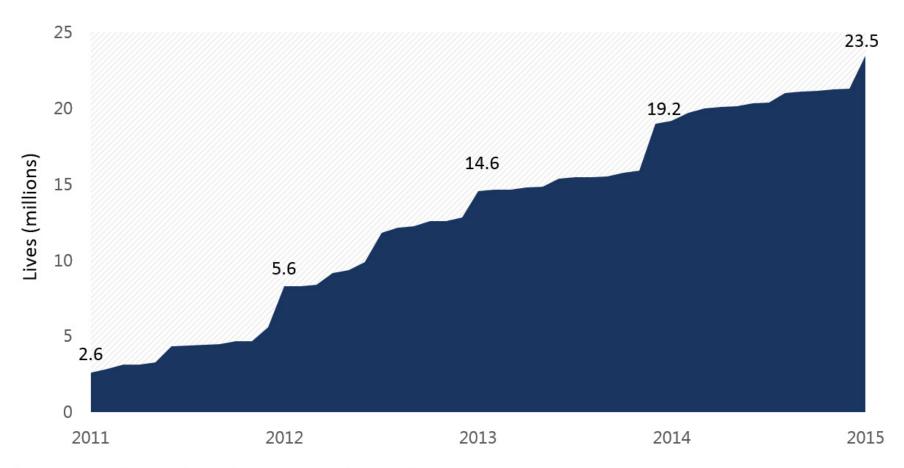
Our determination reflects the healthcare world as it is, and not as the FTC wishes it to be. We find it no small irony that the same federal government under which the FTC operates has created a climate that virtually compels institutions to seek alliances such as the Hospitals intend here. Like the corner store, the community medical center is a charming but increasingly antiquated concept. It is better for the people they treat that such hospitals unite and survive rather than remain divided and wither.

Increasing Number of ACOs



http://healthaffairs.org/blog/2015/03/31/growth-and-dispersion-of-accountable-care-organizations-in-2015-2/

Total Covered ACO Lives



Source: Leavitt Partners Center for Accountable Care Intelligence

Health Insurance Mergers: Is Bigger Really Better?

- Aetna proposes to acquire Humana in a \$34 billion transaction
- Anthem seeks to take over Cigna in a \$48 billion dollar transaction
- This reduce major insurers from 5 to 3, controlling nearly half of the commercial insurance industry

